

**GUIDANCE AND ALGORITHM FOR DIAGNOSIS OF / APPROPRIATE SAMPLING FOR URINARY TRACT INFECTION IN ADULTS >65 YEARS WITHOUT A URINARY CATHETER**

**(For patients with indwelling urinary catheter please see separate guidance and algorithm regarding sampling and treatment)**

**Do not use urinalysis on urine samples from patients over 65 years of age to diagnose UTI in absence of clinical symptoms**

Asymptomatic bacteruria is common in older patients and may cause a positive dipstick in a patient who does not have UTI.

**Do not send urine for ‘routine’ culture**

Samples cultured from patients without urinary tract symptoms may identify asymptomatic bacteruria for which antibiotics may be incorrectly prescribed.

**Do not prescribe antibiotics to ‘treat’ bacterial growth from a urine in asymptomatic patients**

Inappropriate antibiotic treatment of asymptomatic bacteruria selects for antimicrobial resistance and puts the patient at unnecessary risk of complications of antibiotic use **including C. difficile infection.**

**Use the enclosed algorithm to guide when to sample and when to treat**

Only culture the urine if the patient has two or more signs of UTI – especially dysuria, fever >38oC, new incontinence. **If the patient is clinically septic or has features of pyelonephritis consider referral for hospital review and further investigation**.

**When sending urine from a non-catheterised patient >65 years for culture, please indicate clinical signs and symptoms of infection on the form, and identify that the sample is an MSU.**

The Microbiology Laboratory will report positive cultures from catheterised and non-catheterised patients differently, so it is important to know what sort of sample we are sent.

**Algorithm for diagnosis of Urinary Tract Infection in adults >65 years of age without a urinary catheter**

**Does the patient have any convincing symptoms of suspected UTI?** (e.g. dysuria, frequency, new incontinence, persistent fever >38oc or 1.5oc above baseline, hypothermia, supra-pubic pain/tenderness, urgency, new or worsening confusion/agitation. Occasionally haematuria/polyuria

**OR**

**Does the patient have clinical features suggesting pyelonephritis** (e.g. fever, hypothermia, rigors, vomiting, loin/flank tenderness/pain)

**Yes**

**No**

**UTI unlikely**

**x - DO NOT** perform urinalysis

**UTI possible**

**x - DO NOT** perform urinalysis

√ Send MSU to microbiology for culture and sensitivity

**√** Treat with empirical antibiotics (see local treatment guidelines)

**√If clinically septic consider need for hospital review**

**√**Review response to treatment daily and if not improving or deteriorating consider hospital review or increased level of care

**x - DO NOT** initiate empirical antibiotics for UTI. Acute infection unlikely.

**REMEMBER** – Full clinical details must be documented on the form (i.e. loin pain and/or pyrexia and/or systemically unwell) so that the sample is processed correctly. Please remember to label specimen MSU.

For further advice please contact NNUHFT Microbiology on 01603 288587

**√ Review antibiotic** with culture and sensitivity results and modify if required. Stop antibiotic if UTI excluded and systemically well

Sources of Information

- Gloucestershire Hospitals NHS Foundation Trust

- HPA Diagnosis of UTI – Quick reference guide for Primary Care

- SIGN guidelines – Management of suspected bacterial urinary tract infection in adults 2012