

Diagnosis of UTIs in Nursing Home Residents

Before requesting a UA, which of the following are **documented**:

- Temperature** >100° F or Chills or Rigors
- New or increased** urinary frequency, dysuria or urgency
- New** flank or suprapubic pain or tenderness
- Worsening mental and/or functional status
(without another probable medical or infectious cause)
- Frank blood in the urine as a new finding
(without associated instrumentation or other obvious cause)

IF ≥ 2 boxes are checked, request a UA

Monitor and assess the patient's hydration status to make sure they are consuming plenty of fluids.

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UA / culture results:

- Significant **Pyuria** (>5 WBCs / HPF – unspun urine)
OR
Urine **culture with >100,000 colonies/ml** (*single uropathogen*)

If this box is also checked, start an appropriate antibiotic based on culture and sensitivity results when possible.

USEFUL INFORMATION ABOUT UTIs:

- >100,000 bacteria *without 2* other findings is usually **asymptomatic bacteriuria** and should not routinely be treated
- Increasing fluids is almost always a good idea, clearing the bladder of stagnant, microorganism-rich urine
- Consider double-voiding for elderly women
- Overuse of antibiotics leads to resistant organisms, unnecessary and potentially dangerous side effects, added cost, adverse drug-drug interactions and increasing prevalence of C Diff Enteritis (Diarrhea)