



ABCs for Diagnosing Urinary Tract Infection in Long-Term Care

Resident Name: _____ Date/Time: _____

Nurse: _____ MD/NP/PA: _____

Diagnosis of urinary tract infection (UTI) in long term care resident requires clinical signs and symptoms of UTI and a positive culture.

A Assessment: Clinical Signs and Symptoms of UTI

RESIDENT WITHOUT INDWELLING CATHETER*

- Acute dysuria alone OR
- Fever + at least one of the symptoms below (new or increased)
- OR
- If no fever, at least two of the symptoms below (new or increased)
 - Urgency
 - Frequency
 - Suprapubic pain
 - Gross hematuria
 - Costovertebral angle tenderness
 - Urinary incontinence

OR

RESIDENT WITH INDWELLING CATHETER

- At least one of the symptoms below (new or increased)
 - Fever
 - Costovertebral angle (CVA) tenderness
 - Rigors (shaking chills)
 - New onset delirium
 - Flank pain (back/side pain)
 - Pelvic discomfort
 - Acute hematuria
 - Malaise or lethargy with no other cause

**Mental status changes alone are not specific enough to identify symptomatic urinary tract infection. See below for alternative causes.*

Blood Pressure _____ Pulse _____ Temperature _____ Respiratory Rate _____

Fever=oral >37.9°C [100°F] or 1.5°C [2.4°F] increase above baseline temperature

CHECK HERE IF CRITERIA ARE MET FOR SIGNS OR SYMPTOMS (PROCEED TO B)



Massachusetts Coalition
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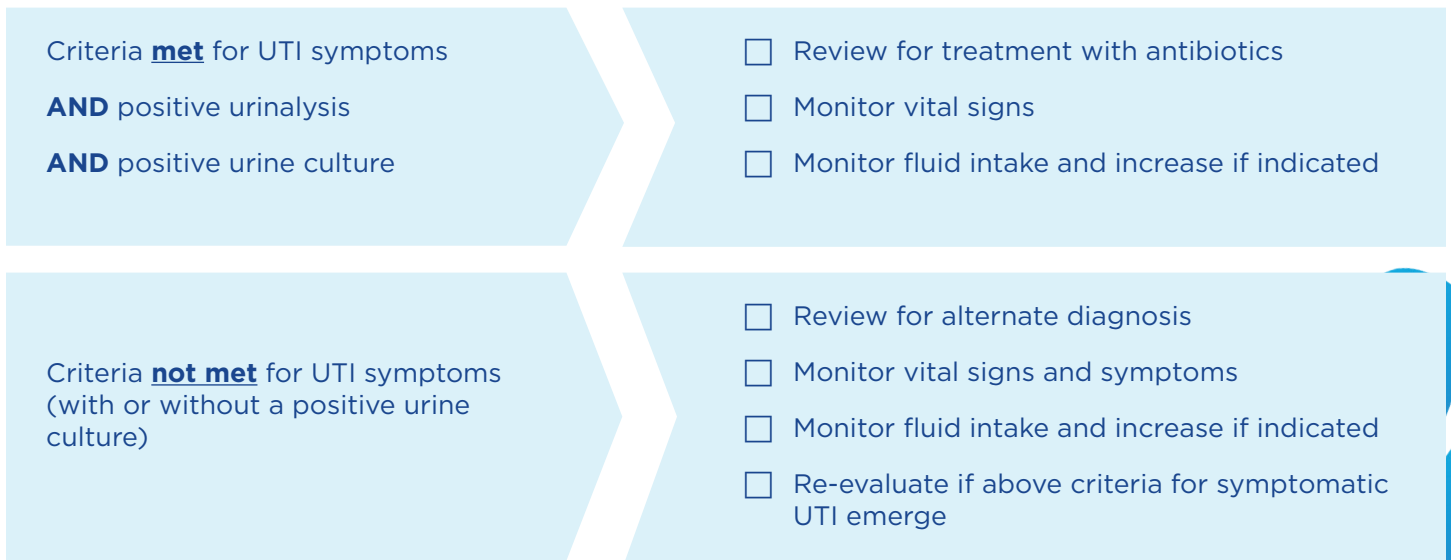


**B****Bacteria (Order urinalysis and culture & sensitivity if above criteria are met)**

Collect clean voided specimen if possible; in-and-out catheter if necessary. For residents with chronic indwelling urinary catheter, change catheter; send urine obtained from new catheter.

Consider CBC, BMP if clinically indicated (e.g., lethargy, fever).

URINALYSIS	CULTURE AND SENSITIVITY
<p>Pyuria</p> <p><input type="checkbox"/> > 10 WBC urinalysis</p>	<p><input type="checkbox"/> Positive urine culture:</p> <p><i>Cultures with more than one organism often represent colonization rather than infection.</i></p> <p><i>Cultures taken from catheters in place >14 days are nearly always positive (due to colonization) and may not represent true infection.</i></p> <p><input type="checkbox"/> Negative urine culture</p>

C**Care Plan**

AT ANY POINT, re-evaluate and review with MD/NP/PA if symptoms progress or if resident appears clinically unstable (e.g., fever > 102° F, heart rate > 100, RR > 30, BP < 90 systolic, finger stick glucose < 60 or > 400, resident unable to eat or drink).

HAVE YOU REVIEWED PRIOR TO TREATMENT?:

Advance directives for limiting treatment (especially antibiotics):

NO YES

Medication allergies:

NO YES

Drug interactions

NO YES

POSSIBLE CAUSES FOR MENTAL STATUS CHANGES INCLUDE:

- Constipation
- Pain
- Dehydration
- Medication or dose change
- Hypoxia
- Infections such as pneumonia
- Hypo/hyperglycemia
- Urinary retention
- Environmental triggers

NOTES:

