

Advice to care homes regarding urine testing of the elderly for Urinary Tract Infections

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Dipstick tests are NOT recommended in the absence of symptoms and should not routinely be performed.



In the elderly (>65 years), do NOT send urine for culture for residents who have NO SYMPTOMS.



'Smelly' urine is NOT a symptom.

People with smelly urine should be advised to drink more fluids.

Send urine for culture if resident has **two or more symptoms of infection**. The **symptoms** of a lower urinary tract infection **MUST BE REPORTED WITH ANY URINE SAMPLE SUBMITTED FOR TESTING** and may include the following:

- pain, or a burning sensation when passing urine (called dysuria)
- the need to pass urine immediately (called urgency)
- the feeling of not being able to urinate fully
- cloudy, bloody or bad-smelling urine (despite good fluid intake)
- lower abdominal pain
- new or worsening urinary incontinence - the involuntary leakage of urine
- mild fever, chills (a high temperature over 38°C)
- delirium/acute confusion (worsening or sudden onset of confusion developing within one to two days) - this is more common in the elderly.

Clinicians are advised NOT to treat bacteria in the urine of the elderly, if no symptoms; it occurs in 25% of women and 10% of men and is not associated with increased morbidity. In the presence of a catheter, urine samples ALWAYS CONTAIN BACTERIA and antibiotics will NOT eradicate them; clinicians are advised only treat if patient systemically unwell or pyelonephritis likely.