

Name of Resident:.....
 DOB:.....
 Care Home:.....
 Date:..... Carer:.....

Older Residents (>65) with Suspected Urinary Tract Infection (UTI)

Guidance for Care Home staff:

- Complete sections 1 to 4 and residents details, send to GP and add the original form to the residents notes.
- Do NOT perform urine dipstick in patients >65 years.
- CLEAR URINE – UTI highly unlikely
- Send MSU if male or treatment failure or ≥ 2 signs of infection (especially dysuria, fever or new incontinence)

1) Catheter: Y / N Reason for catheter:.....

2) Signs of any other infection source? Y / N Circle any NEW symptoms:

*Cough *Shortness of Breath *Sputum Production *Nausea/Vomiting *Diarrhoea *Abdominal Pain *Red/warm/swollen area of skin

3) Can the resident communicate symptoms? Y / N 4) Tick the signs and symptoms present in the two tables below:

NEW ONSET - Sign/Symptom	What does this mean?	Tick if present
Dysuria	Pain on urinating	
Urgency	Need to pass urine urgently/new incontinence	
Frequency	Need to urinate more often than usual	
Suprapubic tenderness	Pain in lower tummy/above pubic area	
Haematuria	Visible blood in urine	
Polyuria	Passing bigger volumes of urine than usual	
Loin pain	Pain either side of spine between ribs & pelvis	

Sign/Symptom	Tick if present
New onset or worsening confusion or agitation	
Temperature above 37.9°C or 1.5°C above baseline on two occasions during 12 hours (if able to measure)	
Heart Rate >90 beats/min (if able to measure)	
Respiratory rate >20 breaths/min (if able to measure)	
Diabetic ? Y / N	
Bloods taken? Y / N If Y - WCC >12/μL or < 4/μL	

Any other information:.....

5) GP Management Decision - circle all which apply and notify home of decision made:

- | | |
|--|------------------------------------|
| (a) Review inhours | (d) Arrange trial without catheter |
| (b) Mid Stream Urine specimen (MSU) – particularly if ≥ 2 symptoms | (e) Antibiotic Prescribed:..... |
| (c) Give person specific hydration advice | |

NB. Urine should be sent in case of suspicion of complicated infection, symptoms suggestive of pyelonephritis, failure to respond to initial therapy or recurrent symptoms after treatment of previous UTI.

Other action:..... Name:..... Designation:..... Date:.....

Local Antimicrobial guidelines can be found [here](#) Download the [East Lancs Antimicrobial guide](#) by visiting the appropriate app store for your device and searching for 'Microguide'.