Urinary Tract 'Syndrome' Protocol

1. **Asymptomatic Bacteriuria: Bacteria in the urine with no signs or symptoms of infection**
2. **'Urinary Tract Syndrome': Bacteria in the urine with non-acute signs or symptoms of a urinary tract infection that does NOT fit the McGeers criteria.**
3. **Urinary Tract Infection (UTI): (see revised McGeers Definition as per policy):**
   - **All symptoms must be new or acutely worse than previously observed**
   - **Non-infectious causes of infection should always be considered before a UTI diagnosis is made**
   - **Identification of infection should not be based on a single piece of evidence**

In conjunction with ruling out a non-infectious cause of a resident's change of condition (i.e. frequency, burning on urination, mental status change, worsening of functional status, change in the character of urine, falls, increased incontinence, family and/ or resident stating they have a 'UTI', etc.) report the specific change in condition/ concern to MD (and family) per policy and initiate the following protocol:

- **Measure Intake and Output for 3 days and increase fluids (as medically tolerated) *indicate specific amount in 'cc's' (e.g.: 125cc's every shift with med pass/ 180cc's with every meal, etc.)**
- **Monitor vital signs every shift x 3 days and document. Notify MD if Temp ≥100F**
- **Monitor and DOCUMENT EVERY SHIFT x 72 hours for signs and symptoms of UTI on the "72 Hour Evaluation: Suspected Urinary Tract Infection" form and report changes to the physician**

  -------- May Also----------

- Obtain order from MD for '**UTI-Stat 30ml po** BID

At the physician's discretion, using the revised criteria for urine testing by "Massachusetts Infection Prevention Partnership" (see below) an order for a straight cath urine for Urinalysis **(UA) and Culture and Sensitivity (C&S) only if UA is positive** may be obtained.
If the UA results are positive for WBCs (≥ than 10) and the culture results are positive with one organism (colony count Greater than100,00) follow McGeer's Criteria to help determine asymptomatic vs. symptomatic status.
When reporting lab results, **include all current signs & symptoms of infection (or lack of) to the physician so he/she has the information needed to make an informed judgment as to the appropriateness of initiating antibiotic therapy**.

Asymptomatic bacteriuria must be considered in the absence of symptoms and **is not an indication for treatment with antibiotics**. Antibiotics have the potential for causing serious side effects, especially in the elderly. The potential for the development of **antibiotic resistance** within the facility is very costly to the residents, staff, facility and population in general.

Criteria for Urine Testing

Resident without indwelling catheter	Resident with indwelling catheter
☐ **Acute dysuria alone OR**	☐ **At least one of the symptoms below (new or increased)**
☐ **Fever + at least one of the symptoms below (new or increased) OR**	☐ Fever
☐ **If no fever, at least two of the symptoms below (new or increased)**	☐ Pelvic discomfort
☐ Gross hematuria	☐ Flank pain (back, side pain)
☐ Urinary incontinence	☐ Malaise or lethargy no other cause
☐ Urgency	☐ Costovertebral angle (CVA) tenderness
☐ Suprapubic pain	☐ Rigors (shaking chills)
☐ Costovertebral angle tenderness	☐ Delirium
☐ Frequency	☐ Acute hematuria

72 Hour Evaluation: Suspected Urinary Tract Infection

	Date				
Document active symptoms present using **"Symptom Key"**	11-7				
	7-3				
	3-11				
Vital signs: Temp, pulse, respirations , B/P	11-7				
	7-3				
	3-11				
Document acute change(from baseline) using **"Acute Change in Mental Status Key"**	11-7				
	7-3				
	3-11				
Document worsening ADL status using **"ADL Status Key"**	11-7				
	7-3				
	3-11				
Nurse initial	11-7				
	7-3				
	3-11				

* Does the resident have an indwelling urinary catheter? [ ] Yes [ ] No If 'Yes' what type_____

Symptom Key:

1. Acute dysuria (painful burning)
2. Acute pain, swelling, or tenderness of the testes, epididymis or prostate
3. New or increased incontinence
4. New or increased urgency
5. New or increased frequency
6. Suprapubic pain
7. Gross hematuria
8. Acute costovertebral angle pain or tenderness
9. Purulent discharge from around the catheter
10. No symptoms noted this shift

***Acute Change* in Mental Status Key:**

1. Behavior fluctuating (e.g., coming and going or changing in severity during this shift)
2. Resident has difficulty focusing attention (e.g., unable to keep track of discussion/ easily distracted)
3. Resident's thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)
4. Resident's level of consciousness is different from baseline (e.g., hyper alert, sleepy drowsy, difficult to arouse, nonresponsive)
5. No acute change noted this shift

ADL Status Key:

Resident has a decrease in the ability to perform and/or participate in ADL's. From baseline his/ her ADL score has increased in the following item(s):

1. Bed Mobility
2. Transfer
3. Locomotion
4. Dressing
5. Toilet Use
6. Personal Hygiene
7. Eating
8. No change in ADL status this shift

Resident Name_____ Rm#_____