UTI Laboratory Testing Guide for Rest Homes

Clinical Presentation: Asymptomatic* NO signs or symptoms of a UTI. NO urine test is required for:

- Smelly urine
- Cloudy urine
- Concentrated urine

NO clinical reason for testing

Abnormal dipstick urinalysis results (e.g. positive leucocytes, nitrite) cannot predict a UTI because many residents have asymptomatic bacteriuria. Look at the clinical symptoms.

*Screening for asymptomatic bacteriuria is **NOT** recommended in this patient group. Includes patients with **indwelling catheter** and spinal cord injuries.

Clinical Presentation: Symptomatic

Symptoms include but not limited to the following:

- Fever or chills
- Increased confusion
- Decreased level of consciousness
- Abdominal pain or tenderness
- Falls (non-mechanical)
- Burning pain when passing urine, frequency, urgency
- Haematuria

Empiric treatment[#] NO Laboratory testing

- Classic symptoms
- Normal urinary tract
- No recent instrumentation
- No complicating factors

NO Urine to Laboratory

#Treatment recommendations, please refer to bpac guidelines.

Empiric treatment# Laboratory testing recommended

- Male
- Pyelonephritis
- Treatment failure
- Hospital-acquired
- Immunocompromised
- History of recurrent UTIs or MDRO (note this may affect empiric treatment)

Urine to Laboratory Include:

- Urine type (e.g. MSU, CSU, Clean catch)
- Tests required (e.g. M, C & S)
- Clinical details & treatment (compulsory)

pathlab

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