Asymptomatic bacteriuria (bacteria in the urine with no symptoms) is colonization of the bladder that occurs frequently in the elderly, especially those with diabetes, immobility, incontinence, prostatic enlargement, or post-menopausal changes.

**ANTIBIOTICS NOT INDICATED!**
Asymptomatic bacteriuria is not an infection

Do not test urine even if foul-smelling, dark, or cloudy

For hemodynamically stable residents with cognitive changes, seek other causes: drug interactions / side effects, dehydration, sleep disturbances, sensory deprivation, hypoxia, hypoglycemia, constipation, etc.

*Note: Falls, decreased appetite, verbal aggression, wandering, confusion, and disorientation alone are not indications for urine testing.*

**HOLD URINE TESTING;**

Monitor frequently
Rehydrate / push fluids for 24 hours if not contraindicated

**TYPICAL URINARY TRACT INFECTION SIGNS/SYMPTOMS:**
- Acute dysuria and/or
- 2 or more of the following:
  - Fever
  - New urgency (or marked increase)
  - New frequency (or marked increase)
  - Suprapubic/flank pain
  - New urinary incontinence
  - Gross hematuria

Dipsticks are not recommended due to poor predictive value. Urine culture ideally should be submitted in preservative.

**Send urine for urinalysis and urine culture**

**IT IS HARD TO IGNORE A POSITIVE URINE TEST...**

Unnecessary testing in colonized residents results in unnecessary antibiotics, which lead to adverse events (antibiotic resistance / failure, *C. difficile* infection, GI upset, etc.)

For more directions and guidance:
www.ammi.ca
#SymptomFreeLetItBe