Diagnosis of Suspected Urinary Tract Infection (UTI) in Non-Catheterized Residents of Long-term Care Facilities

**PRACTICE POINTS:**
- UTI is a clinical diagnosis, not a laboratory diagnosis
- Dipsticks not recommended - poor diagnostic accuracy
- Urinalysis:
  - Presence of bacteria/nitrites and/or WBC not diagnostic of UTI as common finding in the elderly
  - Absence of WBCs in urine rules out UTI
- Do not start antibiotics before urine sample collected
- ≥ 3 organisms typically implies contamination

**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

**TYPICAL URINARY TRACT INFECTION SIGNS/SYMPTOMS:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemodynamic instability and/or mental status change</td>
<td>Hemodynamic instability and/or rapid mental status deterioration/delerium</td>
</tr>
</tbody>
</table>

**Urinalysis**
- WBC in urine
  - Leukocyte esterase negative/trace/small or WBC < 5/hpf
  - Leukocyte esterase moderate/large or WBC > 5/hpf

**Urine culture Note:** For female patient, strongly recommend in/out catheter urine
- No pathogens reported
- ≥ 3 organisms or reported as mixed/contaminated
- 1 or 2 uropathogens with susceptibility results

**UTI unlikely**
- Consider alternative diagnosis
- Rehydrate/push fluids (up to 1L) for 24hrs.
- Reassess clinical condition

**Contact healthcare provider for urgent management**

**Contact healthcare provider if fever and/or flank pain**
- Rehydrate/push fluids (up to 1L) for 24hrs.
- Rehydrate/push fluids (up to 1L) for 24hrs.

**Treat for UTI**
- Rehydrate/push fluids (up to 1L) for 24hrs.
- Monitor every 6hrs.
- Reassess clinical condition.

For more directions and guidance: www.ammiclass.ca | #SymptomFreeLetItBe