## **Urine Testing Algorithm in LTC/DSL**

Long Term Care - Designated Supportive Living | Older Adults



Do not test urine for infection for:

• changes in color, cloudiness & smell alone • catheter insertion or change



	Waltiple Scienosis, see ACTT/TOT Waltiple Scienosis & Waltagement Of Ormary Tra
•	CPG Neurogenic bladder: see Alberta SCI Bladder Management Pathway

## **Assess for Delirium**

 See Delirium, Seniors Knowledge Topic, or Site specific assessment tool

**Push fluids for 24 hours** 

- Unless on fluid restriction

Seizures/post seizure state

If above criteria **NOT** met (no UTI symptoms)

Do not test urine for infection

Continue to monitor for 24-48 hours

Apply interventions as per assessment above

Document findings

## Assess non-specific changes such as:

- Alteration of cognitive/mental status from baseline
- Lethargy Weakness

- Malaise
- Falls
- •Irritable and/or aggressive behaviour

### By addressing these potential causes:

- Infections (respiratory, skin/soft tissue)
- Constipation or urinary retention
- ☐ Hypoxia/Ischemia
- Hyper/Hypoglycemia
- Dehydration Pain ☐ Drug interactions/side effects Restraints Sleep/Environment changes

### Review Goals of Care Designation / Align further treatment accordingly

If you suspect the resident has a UTI:

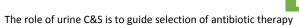
individualize assessment based on resident's ability to verbalize symptoms • Ose physical assessment to determine following criteria.		
□ No catheter	□ Catheter	
At least one of the following:		
☐ Acute dysuria / burning sensation with voiding	☐ No other identifiable cause of infection	
OR	AND one or more of the following:	
☐ <b>Temp &gt;38°C</b> or 1.1°C above baseline on 2 consecutive occasions (4-6 hr apart) Temp 1 Temp 2	☐ <b>Temp &gt;38°C</b> or 1.1°C above baseline on 2 consecutive occasions (4-6 hr apart) Temp 1 Temp 2	
PLUS one or more of the following:  ☐ New or increased urinary frequency, urgency, incontinence ☐ New flank or suprapubic pain or tenderness	☐ New flank or suprapubic pain or tenderness ☐ Rigors/ Chills ☐ New onset delirium	
☐ Gross hematuria		

#### Use SBAR to communicate all of the above to prescriber • Indicate urgent if required Are above criteria met?



#### Order urinalysis and urine culture





- Complete all fields on laboratory requisition including signs & symptoms and current or recent antibiotic use
- Repeating C&S after antibiotic therapy is NOT necessary unless typical UTI signs and symptoms persist.

If mild symptoms

Await results of urine C&S before starting treatment

If moderate to severe symptoms start empiric antibiotic therapy

For treatment recommendations refer to Bugs & Drugs

# **C&S Results (From Lab or Netcare)**

Improvement or

UTI not suspected?

Do NOT collect urine for

urinalysis or urine culture

- Bacteria in the urine (at any bacterial colony count) does not indicate a UTI unless there are signs or symptoms that are due to a UTI
- More than three organisms usually indicates contamination and the need to collect a new specimen
- The frequency of asymptomatic bacteriuria increases with age and is common among LTC/DSL residents

#### Discuss antibiotic therapy with pharmacist and health care team as needed:

- ☐ Verify antibiotic choice and duration of therapy is consistent with recommendations in guidelines / Bugs & Drugs
- When C&S results are available, ensure targeted antibiotic therapy ordered
- Verify antibiotic dosage is appropriate for kidney function
- ☐ Review allergies against antibiotic choice









No improvement

& suspected UTI?

