Evidence-based criteria for urinary infection testing | Adults

Do not test urine for infection for • changes in colour, cloudiness or smell alone • catheter insertion or change **Urine culture testing UTI symptoms** Older adult without UTI symptoms may be indicated in... Any of the following **Catheter (indwelling)** No catheter **Suspected Sepsis** Alteration of cognitive / mental status from baseline Lethargy As part of the sepsis investigation Acute dysuria (alone can justify a urine test) No other identifiable causes of infection Weakness **And** 1 or more of the following Malaise Temperature >38°C or 1.1°C above baseline ☐ **Temperature >38°C** or 1.1°C above baseline ☐ Falls ☐ Irritable / aggressive behaviour Invasive urologic procedure **Plus** any new or increased New flank pain or tenderness Urinary frequency New suprapubic pain or tenderness If mucosal bleeding or trauma is expected Urgency Rigors/chills ☐ Incontinence New onset delirium Flank pain or tenderness Suprapubic pain or tenderness Remove catheter if possible **Pregnancy** 1. Assess/address causes 2. Hydrate Gross hematuria Dehydration **Encourage increased fluid intake** Routine urine testing in the first trimester, ☐ Drug interactions/side effects for 24 hours. according to guidelines. ☐ Sleep/Environment changes Consider clysis or IV fluids if oral ■ Refer to CMAJ Recommendations on screening Pain fluid intake is less than 1L/day for asymptomatic bacteriuria in pregnancy Restraints Except if fluid restricted If above criteria not met Depression (no UTI symptoms) ☐ Constipation or urinary retention **Multiple Sclerosis Order urinalysis** 3. Reassess in 24-48 hrs ☐ Hypoxia/Ischemia and urine culture Do not test urine ■ Hyper/Hypoglycemia Patients may experience new or worsening for infection Infections neurological symptoms with UTI (respiratory, skin/soft tissue) Obtain a good quality sample: ■ Refer to Towards Optimized Practice Multiple Seizures/post seizure state Midstream urine, in/out catheterization, or Sclerosis & Management Of Urinary Tract through a *new* catheter (of less than 2 weeks). Infection Clinical Practice Guidelines Spinal cord injury Improvement or No improvement If more **severe** symptoms If **mild** symptoms Patients with neurogenic bladder may not be & suspected UTI? **UTI not suspected?** or suspected pyelonephritis able to express signs of UTI. Refer to Alberta SCI Bladder Management **Await results of urine culture** Do not test urinalysis **Order urinalysis** Pathway Start empiric therapy & susceptibility before and urine culture and urine culture starting treatment When results are available ensure targeted therapy **Resources & references:** www.albertahealthservices.ca/info/Page15718.aspx

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