

Other advice

**UTI** symptom

## Diagnostic decision tool for suspected UTI in adults over 65 years

Excludes adults with recurrent UTI. When using this tool, refer to the <u>Background</u> and the corresponding web text for more information on clinical decision making and target groups. Urinary symptoms/signs, abnormal temperature, non-specific signs of infection Do not perform urine dipsticks: Urine dipsticks are less reliable with increasing age over 65 years due to increasing levels of asymptomatic bacteriuria in older adults. By 80 years, about half of older adults living in care homes, can have bacteria present in the bladder/urine without infection. Asymptomatic bacteriuria is not harmful, and although it can cause a positive urine dipstick, antibiotics are not beneficial and may cause harm. ALL Consider Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis (caused by irritation or inflammation), sexually transmitted infections, and prostatitis. Follow relevant management and safety-netting guidance 1. THINK SEPSIS - check for symptoms/signs 2. If suspected sepsis OR pyelonephritis: using local or national tool such as NICE, RESTORE2 or obtain urine specimen before antibiotics are taken and NEWS2 send for culture, but do not delay treatment PYELONEPHRITIS - check for any new symptoms/signs immediately start antibiotic/management for upper UTI/sepsis using local/national guidelines for sepsis or kidney pain/tenderness in back, under ribs YES pyelonephritis, considering resistance risk flu-like illness<sup>†</sup> • refer if symptoms/signs suggest further investigation nausea/vomiting<sup>†</sup> or hospitalisation is required shaking chills (rigors) OR temp over 37.9°C or 36°C or below<sup>†</sup> †rule out other causes - see box 6 below 3. CHECK ALL FOR NEW symptoms/signs of UTI 4. UTI LIKELY: share self-care and safety-netting advice new onset dysuria alone using TARGET UTI leaflet obtain urine specimen before antibiotics are taken and OR 2 or more: send for culture, as greater resistance in older adults fever, this could be a temperature 1.5°C above consider antibiotic resistance risk using patient history patient's normal twice in the last 12 hours if mild symptoms consider back-up antibiotics in new frequency or urgency women without catheters and low risk of complications YES new incontinence offer immediate antibiotic in men new or worsening delirium/functional decline if more than mild symptoms or higher risk of new suprapubic pain complications, offer immediate antibiotics using visible haematuria local/<u>national prescribing guidelines</u> If fever and delirium/debility only: exclude other infections before treating solely for UTI (box 6) NO Consider other local/<u>national resources</u> for delirium 5. CHECK for other causes of delirium if relevant (PINCH ME) management YES P: Pain ☐ M: other Medication I: other Infection\* ☐ E: Environment change 7. Give safety-netting advice about consulting if: N: poor Nutrition worsening symptoms C: Constipation no improvement 48 hrs after starting antibiotics H: poor Hydration signs of pyelonephritis any symptom/sign of sepsis NO **ALL** 6. CHECK ALL for other localised infection Some other sites of common infection might include: Follow local diagnostic and treatment guidance YES respiratory tract infection This list of causes skin and soft tissue infection is not exhaustive. 8. If worsening symptoms/signs consider: admission gastrointestinal tract infection or start/change antibiotic NO Advise "watchful waiting/active monitoring" with further KEY: investigation for other causes Suspected sepsis alert Action advised

**ALL**