GUIDANCE AT A GLANCE- *URINARY TRACT INFECTION*

These guidelines support the management of urinary tract infection including catheter associated UTI.

Ref: NICE (2012) Infection prevention in community and SWYAPC (2013) Antimicrobial Guidelines for Primary Care

KEY POINTS

Older people and those with indwelling catheters often have asymptomatic bacteriuria (no symptoms but bacteria in urine) which does not indicate infection.
DO NOT rely on dipstick nitrites to diagnose catheter associated UTI.
Prescribe in line with current antimicrobial guidelines, with reference to previous sensitivities or C&S results.
Sampling technique is essential for accurate results – mid stream for MSU/sample port for CSU.

MY PATIENT HAS A UTI……

- In adult women with uncomplicated UTI (i.e. no fever or loin pain) it is reasonable to start empirical treatment with no culture if dipstick positive for nitrite or leucocyte esterase. Negative nitrite and leucocyte esterase have a 95% negative predictive value.
- Urine culture is always indicated in men, children, pregnant women, those with complicated infection or where empirical treatment has failed
- In sexually active young men and women with urinary symptoms consider *Chlamydia trachomatis*.
- A strong smelling urine is not indicative of a UTI. Asymptomatic bacteriuria occurs in 25% of women and 10% of men >65 years and is not associated with increased morbidity and does not require antibiotic therapy.
- Review urine culture results to check organism is sensitive to antibiotic prescribed and change to an alternative antibiotic if necessary.
- Be alert to UTI due to resistant organisms such as Extended Spectrum Beta-Lactamase *E. coli*. Microbiology will provide advice on treatment options.
- In patients with a previous ESBL UTI discuss with Microbiology the potential treatment options should the patient become symptomatic again.

MY PATIENT HAS A CATHETER ASSOCIATED UTI

Only treat if systemically unwell or pyelonephritis likely. Do not use prophylactic antibiotics for catheter changes unless there is a history of catheter-change-associated UTI or trauma .

- Laboratory microscopy and dipstick testing should not be used to diagnose UTI in catheterised patients as they often have white cells or bacteraemia because of the catheter. Strong smelling urine is not indicative of a UTI.
- A clearly marked CSU (taken from the sample port) with relevant clinical details should be sent for C&S prior to starting antibiotic treatment, if infection suspected.
- In patients with a long term urinary catheter, the catheter should be changed 12 to 24 hours after treatment has been started.
- Take into account previous treatments and culture results when choosing an antibiotic for empirical treatment.
- If no previous sensitivities are available and if immediate treatment for lower UTI is required treat empirically with Trimethoprim 200mg BD for 7 days or contact Microbiology for advice

ANTIBIOTICS – see guidelines for details

Uncomplicated UTI in women:
3 days Trimethoprim or Nitrofurantoin

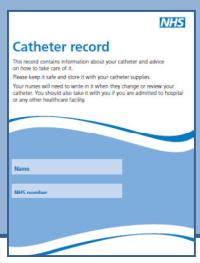
UTI in men, women>65yr, recurrent infections in both sexes, and failure of therapy:
7 days Trimethoprim or Nitrofurantoin

UTI in pregnancy: first line 7 days nitrofurantoin

UTI in Children:
3 days Trimethoprim or Nitrofurantoin

Catheter Record

The Catheter Record is a patient held booklet being used across Calderdale, Kirklees and Wakefield. It contains information for patients and carers and provides an area for healthcare professionals to document the reason for the catheter, trials without catheter, **changes** and problems. The district nurses can issue these if your patient doesn't have one.



Infection Prevention and Control Team for resources and advice 01422 266163 or ipc@calderdale.gov.uk