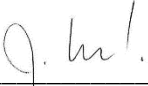



Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Surveillance & Data Collection	<b>SUBJECT:</b> Management of Urinary Tract Infections	<b>SECTION:</b> E <b>POLICY:</b> 7
<b>DATE:</b> March 6, 2024	<b>Administrator's Signature:</b> 	
<b>REVISION DATES:</b>	<b>IPAC Lead's Signature:</b> 	

**MANAGEMENT OF URINARY TRACT INFECTIONS**

**POLICY:**

To promote best practice for the assessment and management of urinary tract infections (UTIs) without an indwelling catheter. Obtain urine cultures only when residents have the indicated clinical signs and symptoms of a UTI.

**GUIDING PRINCIPLE:**

In the absence of a minimum set of symptoms or signs of a UTI, urine should not be cultured and antimicrobials should not be prescribed. Unnecessary use of antimicrobials can lead to adverse consequences, including the development of multi-drug resistance, drug-related adverse effects, harmful drug interactions and excessive cost.

**PROCEDURE:**

1. Obtain urine cultures only when a resident has the indicated clinical signs and symptoms of a UTI. Samples can be obtained per Medical Directives. The clinical signs and symptoms are:
  - Acute dysuria and/or
  - Two or more of the following:
    - Fever (oral temperature greater than 37.9 or 1.5C above baseline on 2 occasions within 12 hours)
    - New flank pain or suprapubic pain or tenderness
    - New or increased urinary frequency/urgency
    - Gross hematuria
    - Acute onset of delirium in residents with advanced dementia\*

**Encourage and monitor increased fluid intake for the next 24 hours, unless the resident has clinical contraindications and monitor for clinical changes.**

2. Assess residents for UTI only when the indicated clinical signs and symptoms of UTI are present.
3. Document the resident's symptoms and clinical status in progress notes AND *Daily Infection Signs and Symptoms Tracking Form*.

4. Do not use dipsticks to diagnose a UTI. The use of dipsticks as a screening tool is **not** recommended.
5. Obtain urine cultures properly. Collect urine specimen only via midstream or in and out catheter. Collect before antibiotic treatment is started.
6. Store urine cultures properly. Keep the urine sample refrigerated if it will not be picked up within 2 hours of collection, otherwise place in lab bag with ice pack. Urine samples need to be submitted to the laboratory within 24 hours of collection.
7. Wait for the results of the urine culture. Inform DNPC/Medical Director about the results of the urine culture when available. A bacterial count greater than or equal to  $10^8$  CFU/L with typical signs and symptoms compatible with UTI is considered significant. The presence of more than two organisms is not significant and indicates probable contamination.
8. The Medical director will reassess antimicrobial treatment need(s) based on the culture report.

**\*Notes:**

- The **following behavioural changes** on their own **do not** indicate a UTI unless clinical symptoms develop:
  - Worsening functional status
  - Worsening mental status, increased confusion, delirium or agitation
- Falls should not be considered a presentation of infection

**FOR RESIDENTS WITH AN IN-DWELLING CATHETER**

- Residents with catheter associated urinary tract infections (CAUTIs) may have some of the symptoms typical of UTIs but may complain of feeling the need to urinate or of suprapubic discomfort. Other symptoms may include purulent discharge from around the catheter, malaise, anorexia, altered mental status, signs of sepsis, hypotension, rigor and cloudy urine.
- If CAUTI is suspected update DNPC/Medical Director. Obtain urine sample if advised. **Do not obtain urine sample from catheter bag.** See *Policy & Procedure Urine Sample Collection*.
- Changing the catheter may also be advised.