

Smell of urine, positive urine dipstick, positive urine culture and pyuria are **not** automatically signs of a UTI. These need correlating with the clinical picture (i.e. symptoms), especially in older patients.

- The incidence of asymptomatic bacteria in women living in care homes is >50%
- The number needed to *harm* for treating asymptomatic bacteria is 3

To diagnose UTI in patients over 65:

Ref: SIGN guidelines with formatting partly sourced from guidance issued by Doncaster & Bassetlaw Teaching Hospitals

At least two of the following symptoms:

- Dysuria
- urinary urgency
- Urinary frequency
- New incontinence
- Rigors
- Fever or hypothermia
- Flank pain
- Superpubic pain
- Haematuria
- New or worsening confusion (see below)

or

- Evidence of pyrexia, hypothermia, abnormal WCC or CRP
- AND
- No alternative cause for these

Do not use urine dipsticks in patients 65+ years old, or with catheters

Be a urosceptic

- Only treat if there are at least 2 symptoms of UTI (or if there are signs of infection and no other source evident)
- Send an MSU, ideally before antibiotics commence
- Consider oral antibiotics if your patient is not septic, and use the shortest possible course of antibiotics: **stop** the antibiotics if the MSU comes back negative!
- Treat with narrow-spectrum antibiotics based on sensitivities where possible

Not sure if it's a UTI or not? Try to hold your nerve...

- If your patient isn't acutely septic, consider not treating and monitoring instead:
 - Recheck bloods, monitor temperature
 - Review if persisting/change in symptoms
 - Get a collateral history: is the confusion new?



Confusion - what does it mean?

New/worsening confusion might be due to infection, but may also be due to constipation, urinary retention, dehydration, medication, a change in environment or any of the other causes of delirium



Constipation: if you don't check, you won't find it...

If you're tempted to diagnose a UTI because of increasing confusion, remember the old adage "if you don't put your finger in it, you'll put your foot in it". Do that PR. Don't poison your patient with unnecessary antibiotics - they are *not* harmless!