

UTI Screening

Does the resident have new or worsening symptoms or signs that meet 1 of the 3 criteria below?

1. Painful urination (meets criteria alone)

OR

2. Fever: any fever $>100^{\circ}\text{F}$ **OR** Repeated fevers $>99^{\circ}\text{F}$ **OR** $>2^{\circ}\text{F}$ over resident's baseline

PLUS a new or significant increase in

- Frequency of urination
- Sensation of urgency to urinate
- Incontinence
- Bloody urine
- Pain in the area over the urinary bladder, just above the pubic bone (no other known cause)
- Flank pain or tenderness

OR

3. No fever, but 2 or more of the symptoms above

If resident meets criteria above, contact provider and ask them to consider:

1. Sending urine for UA and culture (refer to 1-3 below) **AND**
2. Ordering empiric antibiotics until culture results return.

Providers

- Review and document patient symptoms/signs and urine culture results within 48 hours and narrow or stop antibiotics as appropriate (refer to 4-6 below).

Consider this . . .

1. Cloudy urine, foul smelling urine, and pyuria alone are not valid indications for urine culture or antibiotics.
2. Bacteria in the urine without signs and symptoms should not be treated except in pregnant women or persons undergoing an invasive urologic procedure.
3. *Behavior change or acting different* alone are not diagnostic of a UTI. Consider an evaluation for alternative causes.
4. The absence of pyuria on UA suggests the absence of UTI. The presence of pyuria is not diagnostic of UTI.
5. The diagnosis of UTI can be made with $\geq 10^2$ - 10^3 organisms in a clean-catch midstream voided urine or in-and-out catheterization sample *in the presence of UTI symptoms*. Clinical criteria for UTI diagnosis differ from surveillance criteria.
6. Surveillance criteria for UTI diagnosis: At least 10^5 cfu/ml of no more than 2 species of microorganisms in a voided urine sample **OR** at least 10^2 cfu/ml of any number of organisms in a specimen collected by in-and-out catheter.
7. Overuse or misuse of antibiotics leads to resistant organisms, unnecessary and potentially dangerous side effects, added cost, adverse drug-drug interactions and increasing prevalence of *C. difficile* enteritis.
8. Guidance for treatment of asymptomatic and symptomatic bacteriuria can be found in the IDSA Guidelines at www.idsociety.org/PracticeGuidelines.

