



Good Practice Guidance for Care Staff: Management of Urinary Tract Infections for Older Adults residing in care homes

Introduction

A urinary tract infection (UTI) is an infection in any part of the urinary system — the kidneys, ureters, bladder (cystitis) and urethra. UTIs are more common in women than in men. Incidence increases with age for both sexes. UTIs in older adults (over 65 years of age) are often over-diagnosed and over-treated.

Residents in care homes are more likely to have bacteria in the urine but no signs or symptoms of an infection. This is known as *asymptomatic bacteriuria* and does not need antibiotic treatment. The risk of *asymptomatic bacteriuria* may be reduced by encouraging a good water or fluid intake. For good hydration, most adults need 1500-2000mls of fluid per day, unless clinically contraindicated. In older adults, diagnosis of UTIs should be based on clinical signs and symptoms.

Signs and Symptoms of a UTI

Is the resident experiencing

- new onset Dysuria (painful or difficult urination) ONLY
- Or TWO or MORE of the following signs or symptoms of a UTI:
 - New onset or worsening of pre-existing delirium/confusion /agitation/drowsy
 - Temperature 1.5°C above patient’s normal, twice in the last 12 hours
 - New onset urgency - (needing to go to the toilet quickly)
 - New onset frequency - (needing to go to urinate more often than normal)
 - New onset urinary incontinence – (unintentional loss of urine)
 - New onset flank or suprapubic pain – (pain in the side of the body, back or above the groin area)
 - Haematuria (blood in the urine)

If your resident has new onset Dysuria (painful or difficult urination) ONLY, or TWO or MORE new symptoms as listed above, then:

1. Complete Form U1- The Management of UTIs for older adults residing in care homes (Appendix 1)
2. Contact resident’s GP to inform them of these symptoms.
3. Email completed Form U1 for the attention of the GP and contact the surgery. Follow the advice given by the healthcare professional.
4. Once actioned, file Form U1 in resident’s care plan

Dehydration

Dehydration can increase the risk of UTIs developing in the older adult. Offer your residents plenty of fluids and keep them hydrated.

Common causes of dehydration include:

- Reduced thirst sensation so may not know when they are thirsty
- Unable to communicate
- Medications e.g. diuretics, laxative
- Dementia - may forget to drink or eat
- Pre-existing medical conditions e.g. diabetes, stroke
- Acute illness
- Fear of incontinence due to drinking
- Mobility and dexterity issues

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- Swallowing difficulties
- Excessive fluid losses e.g. diarrhoea, sweating, vomiting
- Cognitive impairment

Signs and symptoms of dehydration include:

- Dry mouth
- Constipation
- Headache
- Dizziness
- Tiredness
- Falls
- Medication toxicity
- Confusion
- Pressure ulcers
- Kidney stones
- Low blood pressure
- UTIs

How to encourage hydration?

Older women should be offered at least 1.6 L of drinks each day, while older men should be offered at least 2.0 L of drinks each day unless there is a clinical condition that requires a different approach.

- Identify residents:
 - With poor fluid intake
 - At increased risk of dehydration
 - That require assistance with drinking.
- Monitor and record their fluid intake on the fluid chart (Appendix 2 Foods and Fluid Diary)
- Ask resident what their favourite drink is and serve it in a favourite cup/mug
- Ensure glasses are regularly filled up.
- Offer a range of fluids throughout the day.
- Offer high fluid foods e.g. fruit, vegetables ice lollies, jelly, pureed fruit, soups
- As the weather gets warmer, increase the availability of drinking water e.g. hydration stations and encourage patients to drink more.
- Serve hot drinks hot and cold drinks cold, unless the resident prefers otherwise.
- Have bright signs/drinks menus around care homes to encourage people to drink plenty of fluids.
- Encourage sips of fluid little and often in people with poor mouth control.
- Ensure you have appropriate drinking equipment for residents who cannot drink from a cup or glass independently e.g. with handles, spouts, straws, Doidy cups.
- Ensure drinking water is visible and easily accessible.
- Encourage involvement of friends and family of residents to promote hydration.
- Encourage staff to drink water as a visual cue for residents.
- Social opportunity - Use activity sessions etc as a social opportunity to promote fluid intake e.g. reminiscence sessions, drinks tasting sessions.
- Refer to GP or SALT if any concerns regarding swallowing fluids, or if resident is displaying signs of aspiration and/or choking after drinking.

It is possible you may identify a resident at risk of both dehydration and malnutrition ('MUST' score 2 or more). For these residents it is important to encourage them with 'nourishing fluids' and 'food first' options, which will provide both fluids and extra calories e.g. glass of full fat milk, milkshakes, smoothies. Please refer them to a dietitian if indicated.

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Examples of hydration stations



Colourful cups and appealing trolley



Themed trolley for Halloween including fruits and vegetables.



Offer a wide variety of drinks.



Serve drinks fresh and chilled.

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Appendix 2 – Form U1

FORM U1- Management of Urinary Tract Infections (UTI) for older adults residing in care homes.

URGENT – FOR ATTENTION OF GP/CLINICIAN TODAY

Resident Name		Date of Birth	
ALLERGIES		Room No	
Care Home Name		GP Practice	

CARE HOME STAFF to complete sections 1-3

DO NOT DIP STICK UNLESS REQUESTED BY GP/CLINICIAN. Dip stick test is not recommended for people >65 years old.

Email completed form to GP practice and follow up with phone call.

GP/Clinician may request Mid-stream Urine Specimen (MSU). **Not urine from pads.**

Complete sections 4 and 5 after GP/Clinician has decided how to manage the UTI.

File completed form in the resident's care plan /notes

Staff member completing form:		Date form completed:	
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1. Are there any symptoms suggestive of non-urinary infection? Please circle symptoms which apply:

Women aged above 65 years, in long-term care facilities, may not display the usual symptoms and signs of UTI that are seen in younger women. Functional deterioration and/or changes to performance of daily activities may be indicators of infection in frailty.

Respiratory	shortness of breath	cough or sputum production	new chest pain
Gastrointestinal	nausea/vomiting	new abdominal pain	new onset diarrhoea
Skin/soft tissue	new redness	warmth/swelling	appearance of pus

2. Resident symptoms Tick relevant boxes

- Is the resident experiencing new onset Dysuria ONLY - (painful or difficult urination)

Or 2 or MORE of the following

- New onset or worsening of pre-existing delirium/confusion /agitation/drowsy (if fever and delirium/weakness only: consider other causes before treating for UTI)
- Temperature 1.5°C above resident's normal, twice in the last 12 hours
- New onset urgency - (needing to go to the toilet quickly)
- New onset frequency - (needing to go to urinate more often than normal)
- New onset urinary incontinence – (unintentional loss of urine)
- New onset flank or suprapubic pain – (pain in the side of the body, back or above the groin area)
- Haematuria (blood in the urine)

3. Catheter

Is there a catheter in place? *Circle appropriate.* YES NO

If YES, reason for catheter:

Date catheter last changed:

4. UTI Management as instructed by GP/Clinician Tick relevant boxes

- Wait and review in 24 hours
- Mid-stream Urine Specimen (MSU) needed If the resident is experiencing:
 - New onset Dysuria ONLY
 - OR 2 or MORE of the signs/symptoms in Q2
 - OR failed treatment
- UTI diagnosed
- Start antibiotic therapy following [SCAN](#) Antimicrobial guidelines or as advised by Microbiology and review the choice of antibiotic when microbiological results are available. Change the antibiotic according to susceptibility results if the bacteria are resistant.
- If patient has a urinary catheter, remove and replace it
- Consider use of paracetamol, if clinically appropriate to relieve pain

5. Antibiotics: **CROSS CHECK ALLERGY STATUS** (Patient Information Leaflet available from TARGET [UTI Resource Suite](#))

Antibiotic prescribed by GP/Clinician: *Circle appropriate.* YES NO

e		Frequency:		Duration:		Start Date:	
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Additional Comments:

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