**UTI Program: Assessment algorithm for urinary tract infections (UTIs) in medically stable non-catheterized residents**

**I think my resident may have a UTI**

Stop. Assess resident

Does resident have:

### Clinical Signs & Symptoms of a UTI
- Resident has new difficult or painful urination (Acute dysuria)

* Or *

Two or more of the following:
- Fever (Oral temperature greater than 37.9°C or 1.5°C above baseline on 2 consecutive 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*

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**Encourage and Monitor, Assess, and Discuss**

1. **Encourage and monitor** increased fluid intake for the next 24 hours, unless resident has clinical contraindications.
2. **Discuss** with physician or nurse practitioner.
3. **Obtain urine culture.** If empiric antibiotics are prescribed, collect urine specimen for culture and susceptibility before antibiotic therapy is initiated. Urine specimen can be obtained as a mid-stream or in/out catheter specimen.

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**Review, Reassess, and Consult**

**Review urine culture results:**
- Bacterial count greater than $10^8$ CFU/L, with signs and symptoms is compatible with UTI.
- More than two (2) different organisms indicates contamination

**Reassess resident for signs and symptoms:**
- Consult with the resident’s physician or nurse practitioner (NP) about the urine culture results and the resident’s status.

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**Antibiotic therapy**

Physician or NP should reassess antibiotic therapy based on:
- Treatment need
- Antimicrobial susceptibility
- Route of administration
- Prescribed duration

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**Non-specific symptoms only**

- Worsening functional status
- Worsening mental status (e.g., new behavioural changes, increased confusion, acute delirium or agitation)

*Notes:*
- Behavioural changes on their own do not indicate a UTI unless clinical symptoms develop (see box above):
- Falls should not be considered a presentation of infection

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**Encourage and Monitor, Assess, and Discuss**

1. **Encourage and monitor** increased fluid intake for the next 24 hours, unless resident has clinical contraindications.
2. **Assess** for constipation and other causes of behaviour change.
3. **Discuss monitoring** with physician or nurse practitioner.

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**Reassess for UTI signs and symptoms after 24 hours**

- **Yes** UTI symptoms develop
- **No**

  - No urine culture required.
  - No UTI treatment required.
  - Assess further regarding cause of non-specific symptoms.

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This resource is part of Public Health Ontario’s Urinary Tract Infection (UTI) Program. For more information please visit [www.publichealthontario.ca/UTI](http://www.publichealthontario.ca/UTI) or email [ipac@oahpp.ca](mailto:ipac@oahpp.ca).