Urine tests (such as dipsticks and urinalysis) are often positive for white blood cells, leukocyte esterase and nitrates in residents with asymptomatic bacteriuria, but this is also common and is not a reason to prescribe antibiotics. These tests are not recommended or useful for diagnosing UTIs in long-term care home residents.
What are the risks associated with treating asymptomatic bacteriuria with antibiotics?
Treating asymptomatic bacteriuria does more harm than good. It puts residents at unnecessary risk for antibiotic side effects (e.g., gastrointestinal, neurologic, renal), allergic reactions, *Clostridioides* (previously *Clostridium*) *difficile* infection and drug interactions. Unnecessary use of antibiotics also promotes antimicrobial resistance, so that fewer antibiotics are available to treat true infections (sometimes only intravenous antibiotics or no antibiotics at all). Infections with resistant bacteria can lead to more frequent trips to the emergency department, hospitalizations and decreased quality of life (e.g., from additional infection control precautions).

What can I do to stop unnecessary treatment of asymptomatic bacteriuria?
Understand that bacteria may be present in the urine of elderly residents, but that this does not necessarily indicate an infection and antibiotic treatment may not be required.

Send a urine culture only when the criteria for diagnosis of a UTI are met and residents are symptomatic—not for routine screening, changes in urine appearance or changes in behaviour alone.

Sources:


Citation


Disclaimer

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