

Diagnosing and managing urinary tract infections

Urinary tract infections (UTIs) are commonly found in the elderly in care homes and are one of the main causes of deterioration and hospital admissions. Not all UTIs can be prevented however, following correct guidance and procedures can help reduce them.

Diagnosing urinary tract infections (UTIs)

UTIs are divided into 2 types: Lower UTIs and Upper UTIs.

Lower UTIs

These infections can include the bladder and/or the urethra.

Symptoms of lower UTIs to observe for can include:

- Pain or burning when passing urine (dysuria)
- Need to pass urine urgently (urgency)
- Passing urine more frequently (frequency)
- Offensive smelling and/or cloudy urine which may have blood present (haematuria)
- Lower back pain
- High fever, or feeling hot and shivery (rigors)
- Confusion or agitation.

Upper UTIs

These infections can include the kidneys, ureters, and bladder.

These infections are less common than lower UTIs.

Symptoms of upper UTIs to observe for can include:

- Pain or burning when passing urine
- Lower abdominal or back pain ('suprapubic pain' or 'flank pain') that maybe severe
- Nausea and vomiting
- High fever or feeling hot and shivery.

Asymptomatic bacteriuria

- The presence of bacteria in the urine may be a normal finding in older people. Bacteria often live harmlessly in the bladder of older people, without affecting them or causing signs of infection. This is called 'asymptomatic bacteriuria'. Evidence suggests up to 40% of men and 50% of women over 65 years living in care homes and 100% of people with long term urinary catheters will develop bacteria in the urine.
- **A urinary tract infection should be diagnosed by a combination of clinical features (as above) and the presence of bacteria in the urine – symptomatic bacteriuria (NICE 2015).**
- **Urine dipstick should not be used to diagnose UTIs in women over the age of 65 years, in those with a urinary catheter, for recurrent UTI, or where there is a chance of bacterial resistance – a urine sample should always be sent.**

Collecting urine samples

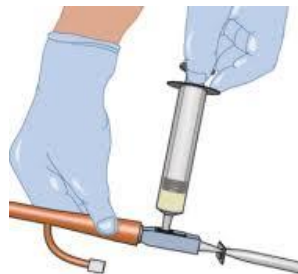
- Obtain a urine sample bottle



To collect a urine sample, you should:

- Label the sterile, screw-top container with the resident's name, date of birth, NHS number, name of care home, and the date the sample is being taken
- Wash your hands using the correct technique for 20 seconds [How to wash your hands - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- Put on PPE
- Support the resident to go to the toilet and using a sterile container, ask the resident to pass urine into it
- Carefully tip some of the urine into the urine specimen bottle and screw the lid of the container tight shut
- Support the resident to wash their hands after using the toilet and make them comfortable
- Remove PPE
- Wash hands

If the resident has a catheter, a urine sample should only be obtained from the catheter portal.



This should only be done by a qualified and experienced member of staff using an aseptic technique.

Urine specimens should be sent off straight away. Once the results of the urine sample are known, a GP will be able to prescribe the correct antibiotics.

Management of a UTI or CAUTI

Prescribed antibiotics should be started straight away with the correct dose and duration being given.

Monitor the resident for signs of improvement and/or deterioration. If the resident worsens contact the GP or call for immediate medical attention.

Allow the resident to rest, encourage fluids, administer prescribed pain relief and assist with daily hygiene and correct personal hygiene after using the toilet.

The resident should improve within a few days.

Some residents are prone to UTIs or CAUTIs and they should be supported to prevent these infections happening (information on this can be found in the previous newsletters).

Residents should be observed for early signs and symptoms of infection so that treatment can be started as soon as possible.

Wearing PPE in hot weather

Wearing PPE in hot weather can be challenging for staff. To help with this ensure PPE is being worn only as required. Staff also need to ensure they take regular breaks in cooler places and drink plenty of cool drinks to stay hydrated.

Measures to control the temperature of clinical environments and enable staff to make behavioral adaptations to stay cool and well hydrated should be made. Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand.

Staff working in warm/hot conditions should follow the advice:

- Take regular breaks, find somewhere cool if you can.
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration
- Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (e.g. Confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover.

Signs of dehydration can include:

- Feeling thirsty
- Dark yellow and strong smelling urine
- Feeling dizzy and lightheaded
- Feeling tired
- Dry mouth, lips, and eyes
- Reduced skin turgor (the skin's elasticity)

Practical ways to help residents to drink:

- Remind residents of the health benefits of staying hydrated and the problems dehydration can cause.
- Support and help those residents who need assistance to eat and drink, in particular those who have Dementia or have a condition which makes it difficult for them to coordinate eating and drinking.
- Provide a range of resident's favourite drinks (at the right temperature for them) at set times throughout the day.
- Social occasions with family, friends and other residents in the home can be a good time to encourage residents to drink.
- Some residents may like to have a favourite cup or glass close to hand so that they can sip fluids, little and often.
- When giving medication, encourage residents to take one pill at a time with a sip of water or their favourite juice.
- Encourage residents to eat foods with a high water content, such as soups, jellies, smoothies, milk puddings and fruit.
- Throughout the day regularly support residents to go to the toilet

IPC Advice, Support, Information & Resources:

- Advice, support, and information for care home staff on the management of all infections: E.g., Covid 19; MRSA; CDI; *E. coli*; Scabies
- Advice & support to undertake a range of care home IPC audits to national standard.
- Support safe hospital discharge for residents who have been treated for an infection.
- IPC annual training programme (2023/24) & bespoke IPC courses for care home managers, clinical staff, IPC link champions, care and domestic staff.
- Advice & support on new builds & extensions to meet IPC specifications.

A wide range of excellent **IPC policies and procedures** are available to help you to manage infections in your care homes. Please follow the link below: [Care Services Cumberland - Policies and Procedures | Cumbria County Council](#)

Training Dates for Your Diary

June 2023

- Infection prevention and control training for community based services 2023 27th June 10-11:30. Please [Click here to join the meeting](#)
- Summer Preparedness Webinar: 22nd June 2023 @ 13:30-14:30
Please [Click here to join the meeting](#)

July 2023

- Infection prevention and control training for residential care settings 13th July 2023 10:00-12:30. For all staff in the setting. Please [Click here to join the meeting](#)
- Infection prevention and control training for community based services 25th July 2023 13:00-14:20. Please [Click here to join the meeting](#)

August 2023

- Infection prevention and control training for residential care settings 9th August 2023 13:00-15:30. For all staff in the setting. Please [Click here to join the meeting](#)
- Infection prevention and control training for community based services 22nd August 2023 11:00-12:30. Please [Click here to join the meeting](#)
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