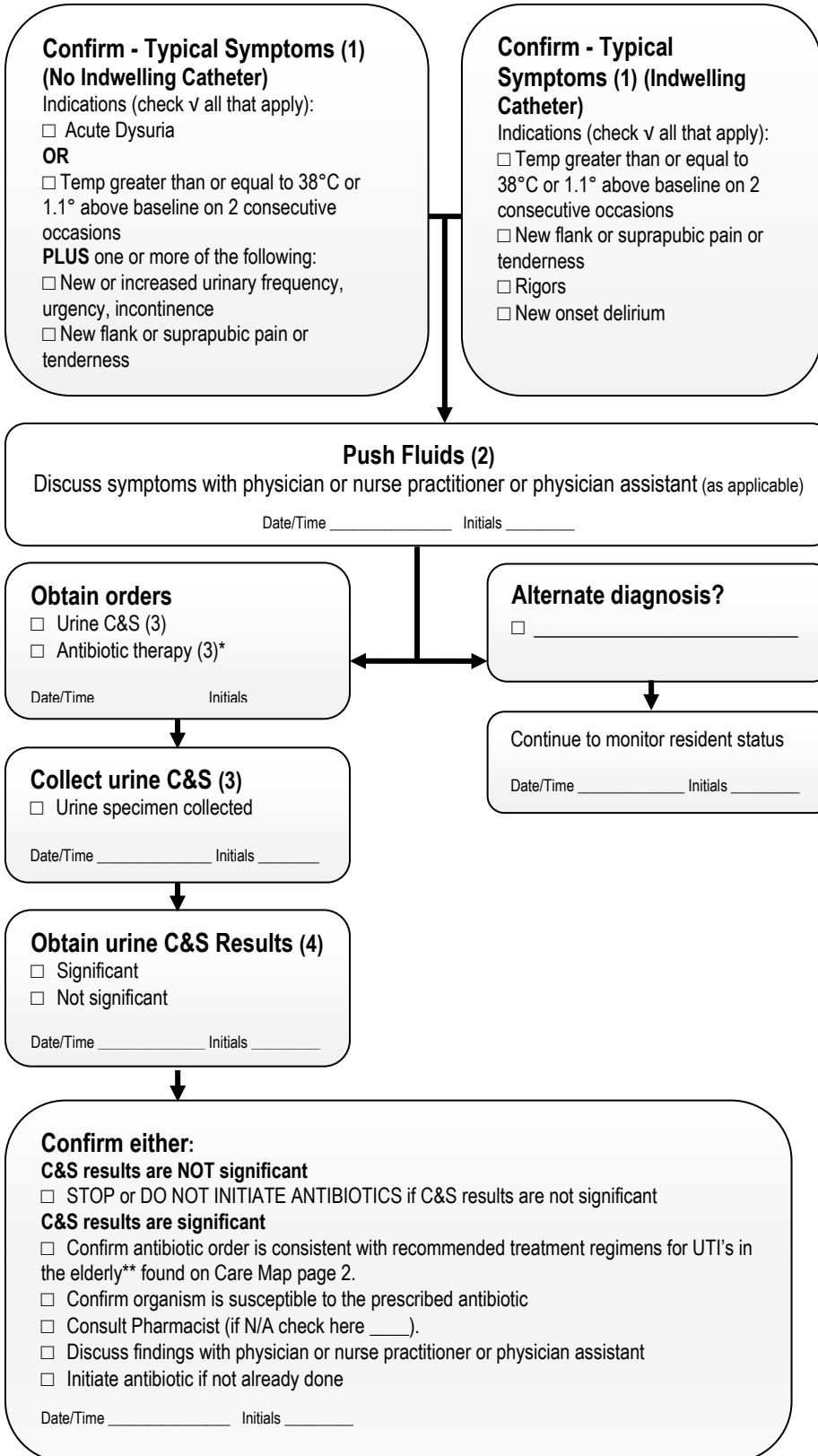


Urinary Tract Infections in LTC

CLINICAL CARE MAP

addressograph & place on permanent resident health record



(1) Practice Point
Non-specific Symptoms
Residents who are cognitively impaired may not be able to verbalize symptoms of a UTI. Non-specific symptoms which may indicate a UTI include:

- Acute change in mental status from baseline including acute onset, fluctuating course, inattention AND
- Either disorganized thinking or altered level of consciousness

For residents with non-specific symptoms (as above) and unless medical status is declining rapidly, PUSH FLUIDS FOR 24 HRS and then REASSESS:

- If typical symptoms develop, treat as for UTI
- If non-specific symptoms continue without development of typical symptoms, consider an alternate diagnosis
- If symptoms resolve, no further intervention is required

(2) Practice Point

- Unless on fluid restriction
- Refer to "Urine Trouble" Handout CLI.8011.SG.001.SD.02 can be used for teaching residents and families.

(3) Practice Point

- Antibiotic therapy may or may not be ordered depending on the medical status
- Clean catch or midstream or in and out catheterization should be used for urine C&S specimen collection
- For long term catheterized residents replace catheter and collect urine specimen
- Urine specimens should be collected BEFORE antibiotic therapy is initiated
- Urine specimens collected via UriSwab® should be kept at room temperature and received by the Lab ideally within 4 hours
- CrCl values should be reviewed to ensure therapy appropriate for renal function.

(4) Practice Point

- Bacterial count $\geq 10^8$ cfu/L is significant
- More than 3 organisms usually indicates contamination
- Clinical correlation is necessary for a diagnosis of UTI

NOTE: Repeat C&S after antibiotic therapy is NOT necessary unless typical UTI signs & symptoms persist.

*Accreditation CA Required Organizational Practice: The organization has a program for antimicrobial stewardship to optimize antimicrobial use.

Recommended Treatment Regimens for Acute UTIs in the Elderly

1. Uncomplicated and Complicated UTIs (men, diabetics, symptoms greater than seven days)			
TMP / SMX	1 DS tab PO BID CrCl 15-30 mL/min: 1/2 dose CrCl < 15 mL/min: avoid	7 days	Pre-treatment urine cultures are recommended.
Or Nitrofurantoin*	50 – 100mg PO QID CrCl < 40-60 mL/min: avoid	7 days	TMP /SMX has no activity against <i>Enterococci</i> spp or Group B <i>Streptococci</i> .
<u>Alternative</u> Ciprofloxacin	250mg (uncomplicated) 500mg (complicated) PO BID CrCl ≤ 30 mL/min: max 500mg/day	7 days	Residents with diabetes are predisposed to UTI with Group B <i>Streptococci</i> . *Nitrofurantoin should not be used if CrCl is less than 60 mL/min.
2. Chronic Catheterization: Asymptomatic			
➤ Antibiotic therapy is not beneficial in this population, may adversely affect resident outcomes, and may promote the emergence of organisms of increased resistance. Only treat symptomatic episodes of UTI in this resident population. See Section 4.			
3. Abnormality of the Urinary Tract			
➤ Anatomical ➤ Functional ➤ Metabolic			
Ciprofloxacin	500mg PO BID	10-14 days	Pre-treatment urine cultures are recommended. Post-treatment cultures are not recommended unless symptoms persist or recur.
<u>Alternative</u> Ampicillin PLUS Gentamicin	1g IV q 6h PLUS 2mg/kg IV q 12h*	10-14 days 10-14 days	Note: administration of IV antibiotics may require transfer to an acute care facility. Because of potential for resistant organisms, it is important to modify empiric therapy to most narrow spectrum option based on C&S results. * Dosing interval needs to be adjusted based on renal function. Consult with Pharmacy recommended
4. Chronic Catheterization: Symptomatic			
➤ Catheter should be changed and urine specimen should be obtained through the newly placed catheter before starting antibiotics.			
Ciprofloxacin	500mg PO bid	10-14 days	Ciprofloxacin has unreliable activity against <i>Enterococcus</i> spp.
Or Amoxicillin- clavulanate	500mg PO tid	10-14 days	Amoxicillin-clavulanate has no activity again <i>Pseudomonas</i> .
5. Pyelonephritis: Complicated			
➤ Consult with Pharmacy recommended ➤ Refer to Diagnosis and Management of UTIs in LTC Clinical Guideline CLI.8011.PL.002, Table 5.			