

# Management of Older Adults with Symptoms or Signs of URINARY TRACT INFECTION (UTI)

REPORT

## Report Symptoms/Signs of SUSPECTED INFECTION to Registered Nurse

- Decline in functional status (new or increasing confusion, incontinence, falling, deteriorating mobility, reduce food intake or failure to cooperate with staff)

ASSESS

### No indwelling catheter

- Acute dysuria OR
  - Temperature greater than 38°C or 1.1°C above baseline temperature
- PLUS**
- New or increased urinary frequency, urgency, incontinence
  - New flank or suprapubic pain or tenderness
  - Hematuria

### Indwelling catheter

- No other identifiable cause of infection AND
  - 1 or more of the following:
  - Temp greater than 38°C or 1.1°C above baseline
- PLUS**
- New flank or suprapubic pain or tenderness
  - Rigors
  - New onset of delirium

YES

Obtain urine culture

Results of urine culture?

Greater than 10<sup>5</sup> CFU/mL (positive) or pending

Negative (no growth or mixed)

Do not treat for UTI

Do not treat for UTI

### Does the Resident Meet the Following Criteria for Treatment On-site in the LTC Home?

- Able to eat and drink
- Pulse ≤ 100/min
- Respiratory rate less than 30/min
- Systolic blood pressure ≥ 90 mmHg
- Oxygen saturation ≥ 92%

YES

NO

TREAT

### Treatment On-site in the LTC Home

- Ensure treatment decisions are aligned with the resident's goals of care
- Administer antibiotics (Stop if urine culture is negative or no pyuria is present)
- Consider parenteral therapy if oral therapy contraindicated
- Consider hypodermoclysis/IV fluids for dehydration (e.g., oral intake less than 1L/day)
- Transfer to hospital if no longer meets criteria for LTC home treatment

### Transfer to Hospital

- Transfer back to LTC home when criteria for on-site treatment in the LTC home are met

## PRESCRIBER INFORMATION

Initiate antibiotic therapy:

### First line

- Trimethoprim/ sulfamethoxazole 2 tabs oral BID or 1 Double Strength oral BID
- Trimethoprim 100mg oral BID or 200mg oral once daily
- Macrobid 100mg oral BID (for females) or Nitrofurantoin (for lower UTI only) 50-100mg oral QID

Source: Anti-infective Review Panel. Anti-infective guidelines for community-acquired infections. MUMS Guideline Clearinghouse; 2013. Mehnert-Kay SA. Am Fam Physician. 2005 Aug 1;72(3):451-6. CPhA Monograph, November 2011. European Association of Urology 2015 Guidelines on Urological Infections; Available at: www.uroweb.org.

### Second line

- Ciprofloxacin 250mg oral BID or 500mg (extended release) oral once daily
- Levofloxacin 250mg oral once daily
- Amoxicillin/Clavulanate 500mg oral TID or 875mg oral BID

Note: Amoxicillin may be used for susceptible organisms but resistance is approx. 40%. Resistance rate to nitrofurantoin in Canada is 21% in LTCs, although it is low (6-8%) in other clinical settings. Cephalixin can also be used for susceptible strains. Nitrofurantoin is contraindicated in patients with ClCr <60 mL/minute.