Algorithm for Management of Suspected Urinary Tract Infections in Long-Term Care Residents

S & S suggestive of a UTI (Box 1) or any other reason to suspect UTI

Complete an SBAR

S & S met AHRQ (SBAR) criteria?

Yes

No

Encourage fluid intake
Initiate active monitoring protocol (Box 2)
Educate and reassure family/resident
Inform Provider (fax completed SBAR using the Recommendation section for ACTIVE MONITORING)

Yes

Special Note: For residents with only 1 S & S of complicated UTI, provider should further evaluate the need for treatment as complicated UTI

No

Send UA and Urine culture
Consider blood culture
Fax the following to provider:
• Completed SBAR using the Recommendation section for COMPLICATED UTI
• Urine culture report from the previous 6 months if available

Dysuria AND at least 1 more S & S of simple cystitis? (see Box 1)

Yes

No

Send UA and Urine culture
Fax the following to provider:
• Completed SBAR using the Recommendation section for SIMPLE CYSTITIS
• Urine culture report from the previous 6 months if available

Hematuria AND suprapubic pain?

Yes

No

GOOD PRACTICES AFTER STARTING ANTIBIOTIC THERAPY

1. Continue to monitor resident’s vitals and S/S for further clinical deterioration
2. Watch for any adverse reaction from antibiotic therapy (e.g., rash, diarrhea)
3. Re-evaluate clinical status, and follow-up UA and urine culture result 48-72 hours after they are sent
4. Contact provider to discuss the most recent clinical status along with results of UA and urine culture and request a definitive treatment course that include duration of therapy