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)**

Send UA and Urine 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

**Box 1. S & S Complicated UTI:**
- Fever of 100°F (38°C), or repeated temp of 99°F (37°C), and/or 2°F (1.1°C) above baseline
- Flank pain
- Rigors / Chills
- Pain, swelling, or tenderness of the scrotal area
- Urinary catheter
- Hypotension
- Elevated serum WBC

**S & S of Simple Cystitis:**
- Dysuria
- Gross hematuria
- Suprapubic pain
- Urinary frequency / urgency

**2 or more S & S suggesting complicated UTI? (see Box 1)**

**Yes**

**No**

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

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

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