

Resident:..... DOB.....
 Date completed..... Care Home.....



UTI / Infection Assessment tool: care home residents (over 65 years)

- **UTI suspected – complete assessment tool [Tick where symptoms are present]**
 - **DO NOT PERFORM URINE DIPSTICK IN RESIDENTS AGED OVER 65**
 - **NEVER DIPSTICK URINE FROM ANY RESIDENTS WITH A CATHETER**

Box 1. Could it be SEPSIS? Possible infection AND ONE of the following: **Action**

- New deterioration in consciousness level (GCS/ AVPU)/new confusion
- Low blood pressure: Systolic ≤ 90 mmHg (or ≥ 40 mmHg below normal)
- Heart rate ≥ 130 beats per minute
- Respiratory rate ≥ 25 per minute
- Needs oxygen to keep SpO2 92% (88% in COPD)
- Non-blanching rash
- Mottled or ashen skin (blue/grey colouring of skin / lips /tongue)
- Not passed urine in last 18 hours
- Urine output less than 0.5 ml/kg/hr if catheterised
- Recent chemotherapy (within last 6 weeks)

Refer urgently for assessment and treatment. Call 999
 If possible, measure and monitor early warning score (NEWS)



Box 2. Any new onset/worsening symptoms that suggest UTI? **Action if UTI likely**

- Either**
- Burning, pain or discomfort when passing urine (dysuria) ▲
- or**
- Tenderness in back, under ribs (kidney pain) (Possible upper UTI/ pyelonephritis) ▲

- Or if 2 or more symptoms below:**
- Needing to pass urine much more often than usual or more urgently
 - New or worsening urinary incontinence
 - Visible blood in urine (macroscopic haematuria)
 - Pain in lower tummy or above pubic area
 - Inappropriate shivering/chills OR temperature below 36 or above 37.9°C
- Record temperature here if taken.....
- New or worsening confusion, agitation or delirium [complete box 3]

- Do NOT dip urine
- Obtain MSU urine sample
- Contact GP / Teletriage 0151 514 2222 (opt2) / 111 if your home does not have Teletriage service. Explain symptoms highlighted
- Encourage fluids. Complete hydration risk assessment
- Obtain catheter sample and consider catheter change / removal by ANTT trained staff. Residential homes: contact **Community Nursing Service** on 0151 514 2222

Box 3. Check for other causes of delirium if relevant (PINCH ME) **Action**

- P:** Pain
- I:** other Infection
- N:** poor Nutrition
- C:** Constipation
- H:** poor Hydration (check urine colour chart and look for signs)

- M:** other Medication
- E:** Environment change

- Address causative problems
 - Poor hydration identified – increase hydration
- If needed** Contact GP / Teletriage 0151 514 2222 (opt2) / 111 if your home does not have Teletriage service

Box 4. Check for symptoms of other infections - new or worsening- (Tick if present) **Action**

- Respiratory: shortness of breath, cough/sputum, new chest pain
- Gastrointestinal: nausea/vomiting, new abdominal pain/cramps, new onset diarrhoea.
- Skin/soft tissue: new redness, warmth, swelling, pus.

UTI unlikely contact GP/ Teletriage 0151 514 2222 (opt2)

Hydration colour chart
 Dark or smelly urine alone does not indicate infection. 1 to 3 is healthy.

1	2	3	4	5	6	7
Good	Good	Fair	Dehydrated	Dehydrated	Very Dehydrated	Severe dehydration