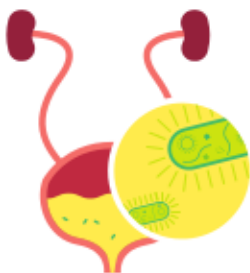


To Dip or Not to Dip?

'To Dip or Not to Dip' is an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains more about UTIs and the 'To Dip or Not to Dip' care pathway.

Bacteria in the Urine in Older People



The presence of bacteria in the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long-term urinary catheter, this rises to 100%.

What's the Problem with Urine Dipsticks?



Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive result for 'nitrite' (bacterial marker) or 'leucocyte' (white blood cell marker) may be a normal finding because of the high proportion of older people that have bacteria in the urine. Often, if a resident has a positive dipstick result and has non specific symptoms, such as had a fall or is drowsy, they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and the resident may receive antibiotics unnecessarily.

Antibiotics: More Harm than Good?



Antibiotics are powerful and precious drugs. Bacteria can develop antibiotic resistance. This means that antibiotics won't work when a person really does need them and these resistant bacteria can spread very easily in a care home setting. Side-effects, such as rashes and stomach upset are common in older people receiving antibiotics. A life-threatening infection called *C.difficile* diarrhoea (or '*C.diff*') can be caused by antibiotics. Everyone has a responsibility to protect antibiotics and they should only be used when there is strong evidence of a bacterial infection.

To Dip or Not to Dip Pathway



In the pathway, urine dipsticks are not used, instead care home staff use a UTI Assessment Tool which focuses on the signs and symptoms of the resident and what actions to take. The tool was developed with specialist healthcare professionals and care home staff and is based on best practice guidelines. Obtaining a urine sample in residents with suspected UTI is very important to enable the best, and safest, antibiotic to be chosen.

Questions? Please Contact the Care Home Manager.

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'To Dip or Not to Dip' is an original quality improvement project by Elizabeth Beech and Mandy Slatter (NHS Bath and North East Somerset CCG) and is based on the Scottish Antimicrobial Prescribing Group Decision Aid for Suspected UTI in Older People 2016.