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| Name:……………………………………………..DOB…………………..NHS No……………………….Date completed………………………Completed by…………………………. | Description: C:\Users\AFletch2\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\J2E6TJKP\Healthy Wirral GENERIC logo (2).jpg |
| UTI / Infection Assessment tool for over 65 years for community settingUTI suspected – complete assessment tool below [Tick where symptoms are present]* **DO NOT PERFORM URINE DIPSTICK IN Patients AGED OVER 65**
* **NEVER DIPSTICK URINE FROM ANY Patient 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) | **Possible sepsis – assess for urgent treatment / admission to hospital****Measure and monitor early warning score (NEWS)****Icon  Description automatically generated** |
| **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/ pyleonephritis) ▲ | * Do NOT dip urine
* Obtain MSU urine sample
* Treat for UTI
* Encourage fluids
* Obtain catheter sample and consider catheter change / removal by trained staff. **Community Nursing Service** contact number 0151 514 2222
 |
| **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 37.90C Record temperature here if taken…………..☐ New or worsening confusion, agitation or delirium [**complete box 3**] |
| **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 – provide patient information leaflet and encourage hydration
 |
| **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 – consider alternative diagnosis. Send samples for culture and sensitivity testing if appropriate**  |
| **Hydration colour chart**Dark or smelly urine alone does not indicate infection. 1 to 3 is healthy.

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

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Version 1. July 2022. Review date: July 2025 Adapted from NHS Nottingham’s and Bury CCG and Bury Council Assessment Tools