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

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