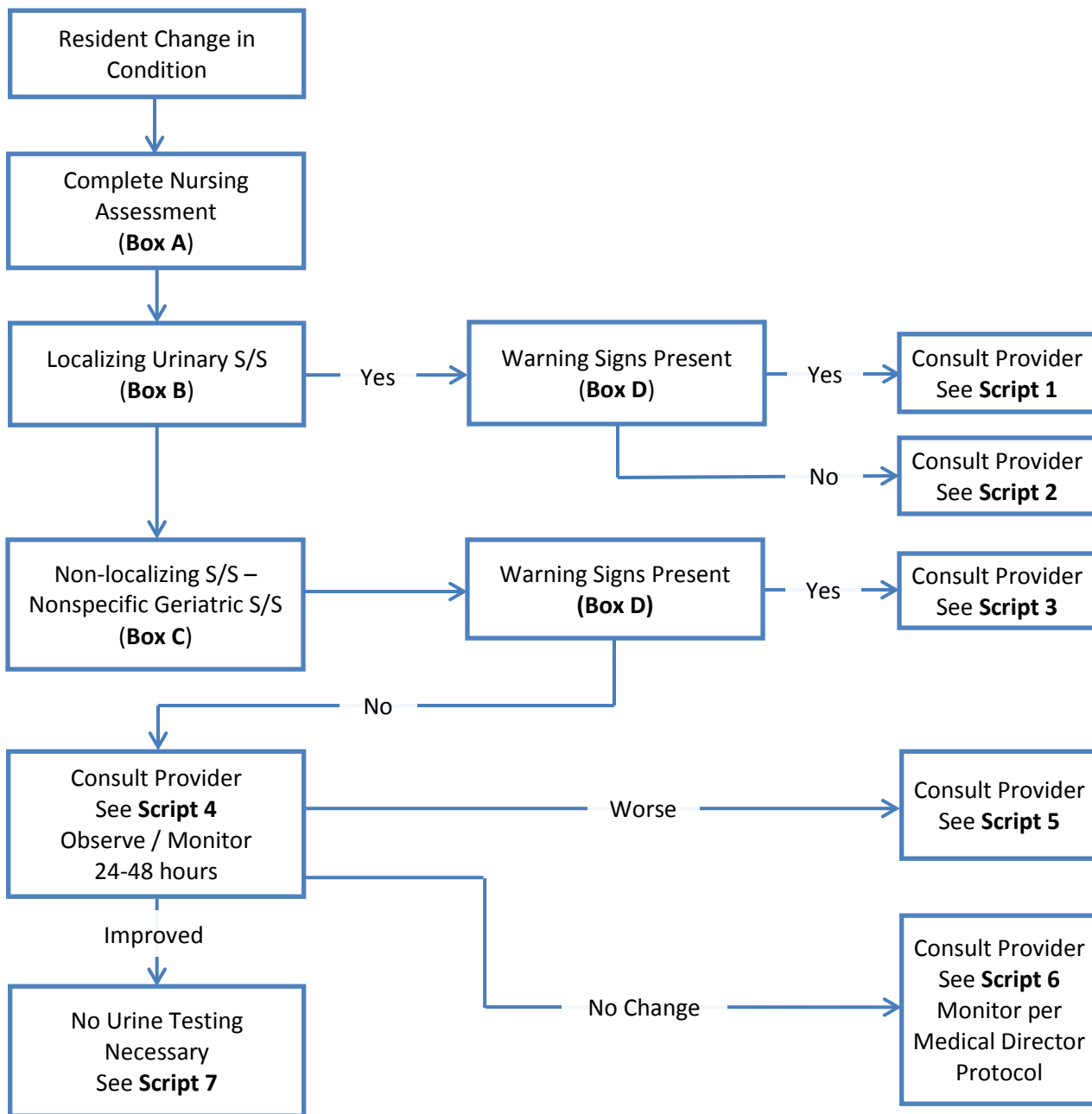




When to Test Urine – Nursing Tool

Wisconsin Healthcare-Associated Infections in LTC Coalition



<p>Box A Nursing Assessment^{1,2} Complete Nursing Assessment See Nursing Assessment on reverse side of this tool</p>
<p>Box B Localizing Urinary S/S^{3,4}</p> <ul style="list-style-type: none"> • Acute dysuria • New or worsening frequency • New or worsening urgency • New or worsening incontinence • Gross hematuria • Suprapubic pain • Costalvertebral angle pain • New scrotal / prostate pain • Urethral purulence
<p>Box C Non-localizing / Non-Specific Geriatric S/S^{1,5,6,7}</p> <ul style="list-style-type: none"> • Behavior Changes • Fever • Functional Decline • Mental Status Change • Falls • Restlessness • Fatigue • “Not Being Her-Himself”
<p>Box D Warning Signs⁶</p> <ul style="list-style-type: none"> • Fever • Clear-cut Delirium <ul style="list-style-type: none"> ○ Altered LOC ○ Disorganized Thinking ○ Psychomotor Retardation • Rigors (shaking chills) • Hemodynamic Instability <ul style="list-style-type: none"> ○ Hypotension ○ Tachycardia



When to Test Urine – Nursing Tool

Box A – Nursing Assessment^{1,2}

Fever defined as Single oral temperature > 100° F; or repeated oral temperatures >99°F or rectal temperature >99.5°F; increase in temperature of >2° above baseline)

Measure vital signs to include:

- Temperature
- Heart rate
- Blood pressure
- Respiratory rate
- Oxygen saturation
- Finger stick glucose

Assessment to include:

- Conjunctiva
- Oropharynx
- Chest
- Heart
- Abdomen
- Skin (including sacral, perineum, and perirectal area)
- Mental status
- Functional status
- Hydration status
- Indwelling devices if present
- Medication review

1. High KP, Bradley SF, et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adults Residents of Long-Term Care Facilities: 2008 Update by the Infectious Disease Society of America. Clinical Infectious Diseases 2009;48:149-171
2. INTERACT Care Paths - https://interact2.net/tools_v4.html Accessed 08/25/15

Box B - Localizing Urinary S/S^{3,4}

3. Loeb M, Bentley DW, Bradley S, et al. Development of minimum criteria for the initiation of antibiotics in residents of long-term-care facilities: results of a consensus conference. Infect Control Hosp Epidemiol 2001;22:120–124
4. Stone ND, Ashraf MS, Calder J, et al. Definitions of infection for surveillance in long term care facilities: Revisiting the McGeer criteria. Infect Control Hosp Epidemiol 2012;33:965-977

Box C – Non-localizing / Non-specific Geriatric S/S

1. High KP, Bradley SF, et al. Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities: 2008 Update by the Infectious Diseases Society of America. Clinical Infectious Diseases 2009;48:149-171
5. Nace DA, Drinka PJ, Crnich CJ. Clinical Uncertainties in the Approach to Long Term Care Residents With Possible Urinary Tract Infections. JAMDA 2014,15:133-139
6. Drinka P. Treatment of bacteriuria without urinary signs, symptoms, or systemic infectious illness (S/S/S). JAMDA 2009,10:516-519
7. Sundvall PD et al. Urine Culture Doubtful in Determining Etiology of Diffuse Symptoms Among Elderly Individuals. BMC Family Practice 2011,12:36

Box D – Warning Signs

6. Crnich CJ, Drinka P. Improving the Management of Urinary Tract Infections in Nursing Homes: It’s Time to Stop the Tail From Wagging the Dog. Annals of Long Term Care 2014,22:9