



## Week 2: Urinary Tract Infections (UTIs)

### Monday

A suspected UTI can lead to a resident being transferred to the hospital. What does staff do if they suspect a resident has a UTI, or if the resident or family member tells you they suspect a UTI?

How does your clinical and physician staff know which criteria (McGeer, Loeb, NHSN) the facility follows? Has education been provided on this?

Download the two resources below to guide nursing staff in the initial evaluation of a possible UTI. **Review the weekend 24-hour reports for suspected UTIs.**

#### Urinary Tract Infection Surveillance Pocket Card

**General Symptoms**

- Fever:**
  - Single oral temp  $\geq 100.4^\circ\text{F}$  ( $38^\circ\text{C}$ )
  - Repeated oral temp  $\geq 102.2^\circ\text{F}$  ( $39.5^\circ\text{C}$ )
  - Single blood temp  $\geq 101.0^\circ\text{F}$  ( $38.3^\circ\text{C}$ )
- Leukocytosis:**
  - WBC  $\geq 12,000/\text{mm}^3$
  - WBC  $\geq 10,000/\text{mm}^3$
  - WBC  $\geq 8,000/\text{mm}^3$
- Acute Mental Status Change:**
  - Altered mentation
  - AND (containing chills) Infection in definition AND mentation
  - AND if the observation is 10, 15, or 20, observe level of consciousness
- Acute Functional Decline:**
  - Report increase in level of assistance of daily living AND change in level of consciousness
  - OR
  - 1. Incontinence
  - 2. Thrash
  - 3. New onset or worse UTI
  - 4. Chills
  - 5. Blood in urine
  - 6. Hematuria
  - 7. Pain

For more information, visit <https://www.hhs.gov/ohrt/>

**UTI in the Long-Term Care Setting**  
for residents, guests, families and visitors

**IS IT A UTI?**

**Things to Look for Before Testing Urine:**

- Fever
- Pain or burning with urinating or pain in your abdomen
- A strong urge to urinate even if feeling the need to urinate frequently
- Blood in urine which can sometimes be seen in stool
- History of UTI or other urinary tract infection

**Antibiotics come with risks!**

- Using antibiotics can cause:
  - Nausea
  - Loss of appetite
  - Diarrhea
  - Allergic reactions

**How do Health Clinicians Know if Someone has a UTI?**

The only way to know for sure someone has a UTI is if a urine sample shows a UTI based on laboratory test results.

**How to Help Prevent UTIs:**

- Wash hands frequently
- Be knowledgeable about UTIs
- Wipe front to back
- Understand the importance of hygiene

#### UTI in Long-Term Care Setting: Residents, Guests, Families, Visitors

### Tuesday

As you are rounding, observe the following for residents with a urinary catheter and notify nursing as appropriate for any needed interventions. Perform hand hygiene before each and every manipulation of the catheter device or site. During inspection, look to make sure:

- The catheter tubing is unobstructed and not twisted, kinked, or looped,
- The urine collection bag is BELOW the level of the bladder. The catheter bag should never touch the floor,
- The catheter is secured to the resident if mobile, and
- The drainage bag is covered with a dignity bag. Empty the collection bag regularly and prior to transport.

**Observe residents with urinary catheters. Use the [urinary catheter observational tool](#) to record your findings.**

**Urinary Catheter: Observation**

**Instructions:** Observe patients with urinary catheters in the facility. Observe each patient and record the observation in the column that is right (Yes/No) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sort by category (down) for overall performance.

Urinary catheter: Observation Category	Patient				Summary of Observations	
	1	2	3	4	Yes	Total Observed
1. Is the catheter properly secured to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is there unobstructed flow from the catheter into the bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Is the collection bag below the level of the bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are the bag and tubing off of the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Total YES and TOTAL OBSERVED</b>						

