Urine Testing Algorithm in LTC/DSL
Long Term Care - Designated Supportive Living | Older Adults

Do not test urine for infection for:
• changes in color, cloudiness & smell alone • catheter insertion or change
• Multiple Sclerosis: see ACTT/TOP Multiple Sclerosis & Management Of Urinary Tract Infection
• CPG Neurogenic bladder: see Alberta SCI Bladder Management Pathway

If you suspect the resident has a UTI:
Assess for Delirium
• See Delirium, Seniors Knowledge Topic, or
• Site specific assessment tool
Assess non-specific changes such as:
• Alteration of cognitive/mental status from baseline
• Lethargy
• Weakness
• Malaise
• Falls
• Irritable and/or aggressive behaviour

Push fluids for 24 hours
• Continue to monitor for 24-48 hours
• Apply interventions as per assessment above
• Document findings

By addressing these potential causes:

- Depression
- Infections (respiratory, skin/soft tissue)
- Constipation or urinary retention
- Hypoxia/Ischemia
- Hyper/Hypoglycemia
- Dehydration
- Drug interactions/side effects
- Sleep/Environment changes
- Seizures/post seizure state
- Pain
- Restraints

Review Goals of Care Designation / Align further treatment accordingly

Individualize assessment based on resident’s ability to verbalize symptoms • Use physical assessment to determine following criteria:

☐ No catheter

At least one of the following:
☐ Acute dysuria / burning sensation with voiding

OR
☐ Temp >38°C or 1.1°C above baseline on 2 consecutive occasions (4-6 hr apart) Temp 1 ________ Temp 2 ________

PLUS one or more of the following:
☐ New or increased urinary frequency, urgency, Incontinence
☐ New flank or suprapubic pain or tenderness
☐ Gross hematuria

☐ Catheter

No other identifiable cause of infection

AND one or more of the following:
☐ Temp >38°C or 1.1°C above baseline on 2 consecutive occasions (4-6 hr apart) Temp 1 ________ Temp 2 ________

☐ New flank or suprapubic pain or tenderness
☐ Rigors/ Chills
☐ New onset delirium

Use SBAR to communicate all of the above to prescriber • Indicate urgent if required

☐ Are above criteria met?

If above criteria met:
• Continue to monitor for 24-48 hours
• Apply interventions as per assessment above
• Document findings

If above criteria NOT met (no UTI symptoms)
Do not test urine for infection

☐ Do NOT collect urine for urinalysis or urine culture
☐ Contact suspected UTI?

Discuss antibiotic therapy with pharmacist and health care team as needed:
☐ Verify antibiotic choice and duration of therapy is consistent with recommendations in guidelines / Bugs & Drugs
☐ When C&S results are available, ensure targeted antibiotic therapy ordered
☐ Verify antibiotic dosage is appropriate for kidney function
☐ Review allergies against antibiotic choice

C&S Results (From Lab or Netcare)
• Bacteria in the urine (at any bacterial colony count) does not indicate a UTI unless there are signs or symptoms that are due to a UTI
• More than three organisms usually indicates contamination and the need to collect a new specimen
• The frequency of asymptomatic bacteriuria increases with age and is common among LTC/DSL residents

for more information visit www.ahs.ca/asab
Published January 2023