



equip
Education Experience Excellence

Management of UTIs in Nursing Home Residents

Claire Headden

Dr Ross & Dr Christy, Saintfield Health Centre
Northern Ireland Medical and Dental Training Agency



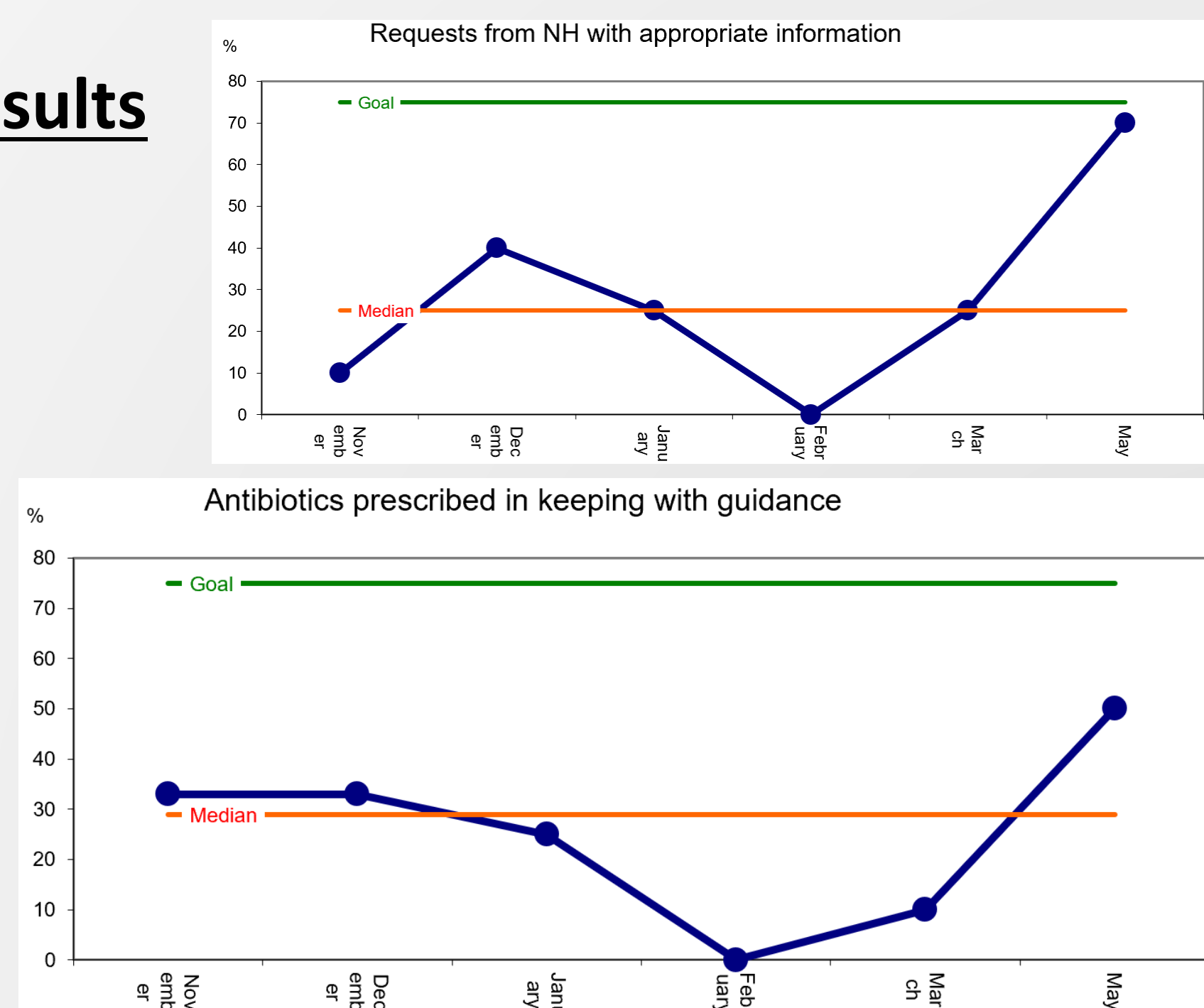
Background

This project was designed to address our management of suspected UTIs in Nursing Home patients. Our antibiotic prescribing was comparatively high in this area. We reviewed guidance from NICE, SIGN and Public Health. The guidance suggests avoiding treatment of asymptomatic bacteriuria and basing antibiotic use on clinical assessment rather than urinalysis. This project has made a difference to our reaction to the classic 'Mrs X is a bit off form, can she have an antibiotic for UTI?'.

Aim

Improve accuracy of assessment and management of suspected UTIs in Nursing Homes such that 75% of requests for antibiotics are accompanied by a proforma providing appropriate information, detailing observations and symptoms.

Results



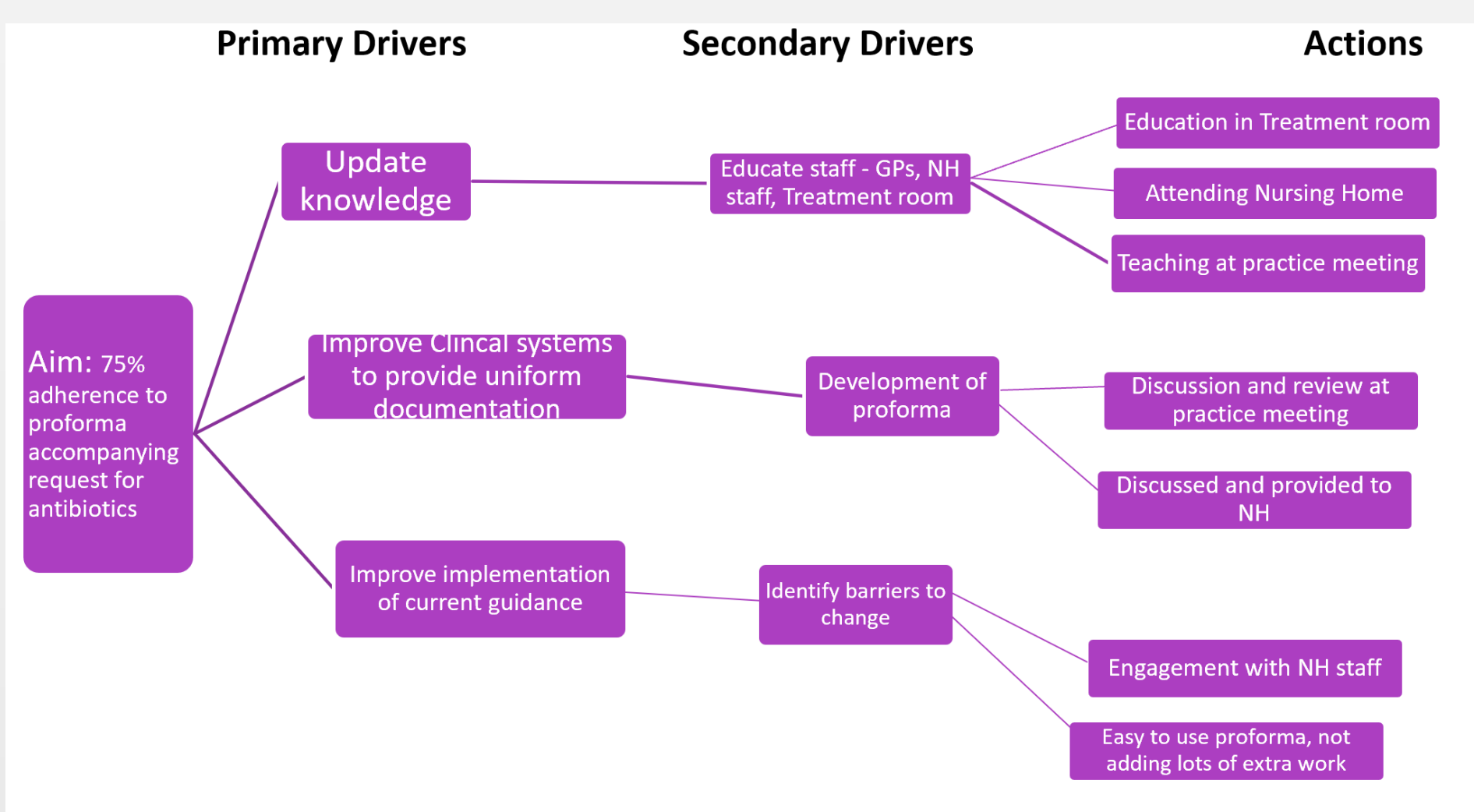
Outcome Measures

- Number of requests from NH with adequate information including symptoms and observations
- Number of antibiotics prescribed, and on what basis
- Subsequent GPOOH or A+E contacts

Outcome

- I collected data from one NH in our area. Baseline data revealed that the majority of our prescribing of antibiotics for suspected UTIs was done on the basis of urinalysis, with no recorded or largely vague record of symptoms.
- No information about temperature on requests from NH.
- Proforma was implemented into NH.
- This has led to improved information provided with urine sample from NH. It has also reduced the amount of urinalysis being sent in.
- Reduced amount of antibiotics prescribed, with increased adherence to guidance.
- No increase as yet in subsequent GPOOH/A+E contacts.

Improvement Methodology



- Obtained baseline information about current practice and requests.
- Discussed findings and explored options at practice meeting.
- Developed form for NH.
- Went to NH to provide education and distribute info.

Patients with suspected UTIs	
Temperature	
Heart Rate	
Blood Pressure	
Temp >37.9 / <36 present?	
YES	NO
Confirm there are no signs of non-urinary infection	
Does the patient have two or more of the following:	
1. Shaking chills (Rigors)	
2. New onset / increased confusion or agitation	
3. Pain in flank/ suprapubic or new lower back pain	
4. Visible blood in the urine	
5. Urinary catheter in situ	
6. New onset of / increase in urinary incontinence	
7. Pain when passing urine	
8. Urgent need to pass urine	
9. Having to pass more urine than normal	
YES	NO
UTI Likely	UTI unlikely
<ul style="list-style-type: none">• Send urine to surgery, with completed form, for culture• Push fluids (if not on restricted fluid intake)• Report any deterioration	<ul style="list-style-type: none">• Continue to monitor symptoms for 72hrs (4hrly temps)• Report any deterioration• Urine dipstick shouldn't be used to help diagnose.

Next Steps

- Continue to monitor use of proforma.
- Regular review of compliance to guidance.
- Roll out education and proforma to other NHs.