

Scottish Reduction in Antimicrobial Prescribing (ScRAP) Acute Urinary Tract Infection (UTI) Audit Tool Data Collection Form

Audit details

Practice ID _____

Auditor ID _____

Audit date range _____

Patient details

Age range
 0-4
 5-13
 14-29
 30-44
 45-64
 65-79
 80+

Care home resident?
 Yes
 No

Receiving antibiotic prophylaxis?
 Yes
 No

UTI type
 Female uncomplicated (non-pregnant 14-65)
 Older female (>65)
 Catheter-associated
 Child (<14)
 Male
 Pregnancy
 Recurrent (≥2/6mths or 3/12 mths)
 Upper UTI
 Unknown

Prescriber ID _____

Patient ID _____

Actions

<p>Consultation type</p> <input type="checkbox"/> Face to face <input type="checkbox"/> Telephone <input type="checkbox"/> None – HCP/patient request <input type="checkbox"/> None – questionnaire results <input type="checkbox"/> None- urinalysis results <input type="checkbox"/> Unknown	<p>Dipstick</p> <input type="checkbox"/> Required and done <input type="checkbox"/> Not required, not done <input type="checkbox"/> Required, not done <input type="checkbox"/> Not required but done <input type="checkbox"/> Unknown	<p>Reason dipstick not in line with guidance</p> <input type="checkbox"/> N/A <input type="checkbox"/> Needed to help diagnosis e.g. limited symptoms/cloudy urine <input type="checkbox"/> UTI unlikely (no or mild or ≤2 symptoms and clear urine) <input type="checkbox"/> Symptoms diagnostic e.g. severe or ≥3 symptoms <input type="checkbox"/> Dipstick testing unreliable <input type="checkbox"/> Insufficient information	<p>Culture</p> <input type="checkbox"/> Required and done <input type="checkbox"/> Not required, not done <input type="checkbox"/> Required, not done <input type="checkbox"/> Not required but done <input type="checkbox"/> Unknown	<p>Reason culture not in line with guidance</p> <input type="checkbox"/> N/A <input type="checkbox"/> Equivocal dipstick and symptoms <input type="checkbox"/> Persistent/recurrent symptoms <input type="checkbox"/> UTI type older, male, catheter, pregnancy, upper, child <input type="checkbox"/> Risk factors e.g. renal/urinary abnormality, immunosupp <input type="checkbox"/> UTI unlikely (no/mild/≤2 symptoms + clear urine) <input type="checkbox"/> Symptoms diagnostic e.g. severe or ≥3 symptoms <input type="checkbox"/> Dipstick testing sufficient <input type="checkbox"/> Insufficient information <input type="checkbox"/> Dipstick required but not done
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<p>Antibiotic</p> <p>Was an antibiotic required?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Reason not required</p> <input type="checkbox"/> N/A <input type="checkbox"/> Symptoms did not support UTI <input type="checkbox"/> Diagnostic tests did not support UTI <input type="checkbox"/> Symptoms and diagnostic tests did not support UTI <input type="checkbox"/> Insufficient or incorrect assessment/testing <input type="checkbox"/> Alternative approaches could have been used e.g. analgesia, delaying <input type="checkbox"/> Insufficient information	<p>Which antibiotic prescribed</p> <input type="checkbox"/> Cefalexin <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Coamoxiclav <input type="checkbox"/> Fosfomycin <input type="checkbox"/> Nitrofurantoin <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Pivmecillinam <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Other: state in comments	<p>Antibiotic choice appropriate?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Reason choice inappropriate</p> <input type="checkbox"/> N/A <input type="checkbox"/> Not in line with guidance <input type="checkbox"/> Not in line with culture + sensitivity data <input type="checkbox"/> Doesn't consider recent (12 months) treatment, culture or sensitivities <input type="checkbox"/> Contraindicated e.g. allergy, renal interactions <input type="checkbox"/> Alternative approaches could have been used e.g. analgesia, delaying <input type="checkbox"/> Antibiotic wasn't required <input type="checkbox"/> Other <input type="checkbox"/> Insufficient information	<p>Dose appropriate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No: too high <input type="checkbox"/> No: too low <input type="checkbox"/> N/A	<p>Frequency appropriate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No: too frequent <input type="checkbox"/> No: too infrequent <input type="checkbox"/> N/A	<p>Duration appropriate</p> <input type="checkbox"/> Yes <input type="checkbox"/> No: too long <input type="checkbox"/> No: too short <input type="checkbox"/> N/A	<p>Delayed</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Comments