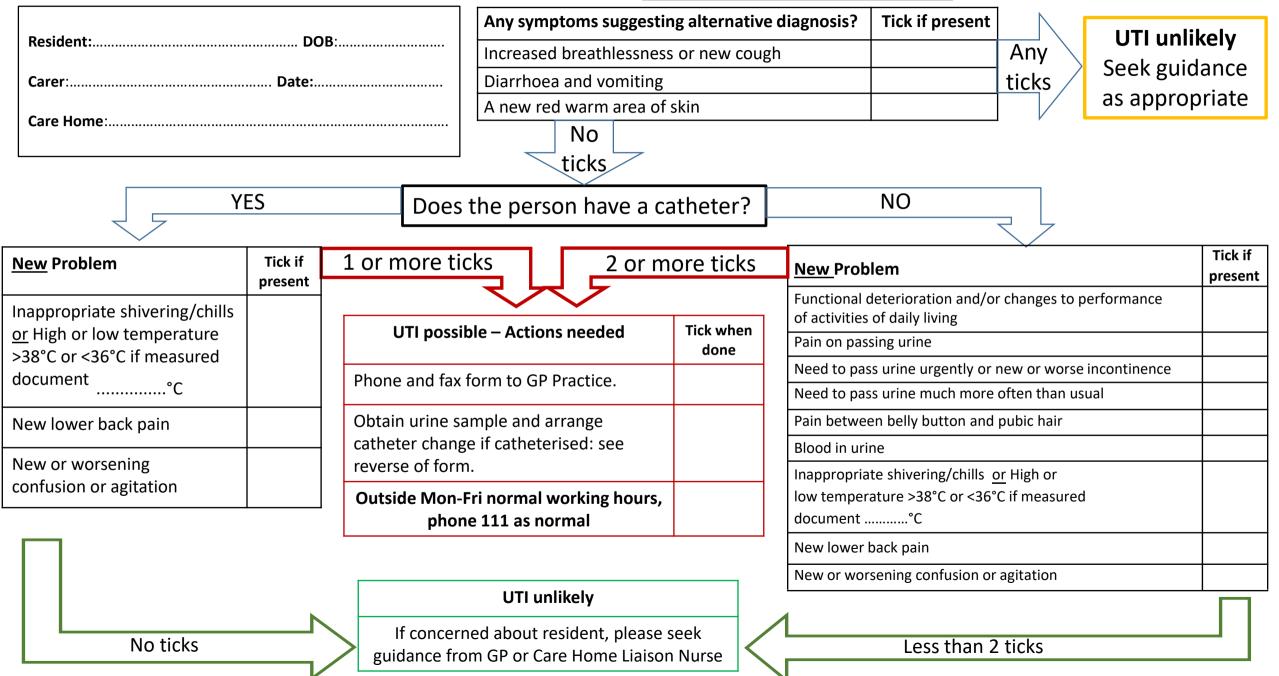
## People >65 years with Suspected Urine Infection (UTI) - Guidance for Care Home staff

Complete resident's details, flow chart and actions (file in resident's notes after). **DO NOT PERFORM URINE DIPSTICK** – No longer recommended in >65yrs.



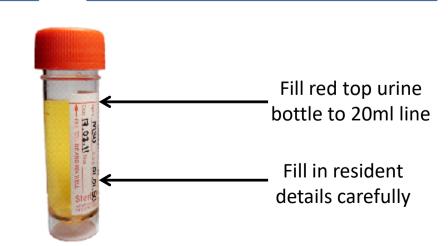
Residents with Urinary Catheters: Sampling & Changing

## For Nursing Residents:

- Registered Nurse only to take catheter urine sample using aseptic non-touch technique.
- If antibiotics are commenced for UTI, catheter change should be performed by Registered Nurse as soon as possible.

For Residential Residents:

- Contact District Nursing Team to arrange for a sample to be taken.
- If antibiotics are commenced for UTI, catheter change should be arranged with District Nurses as soon as possible.



**Residents without a Urinary Catheter: Obtaining a Urine Sample** 

## Urine cultures are very important in the elderly to guide antibiotic choice.

- Try to obtain a urine sample when the resident is in the middle of passing urine (rather than at the start).
- Put the urine in a <u>Red Top</u> urine bottle, filling to the 20ml line.
- Fill in the resident's details and type of sample carefully to help the lab to process the sample.
- Samples should be taken to the GP practice *as soon as possible*. If there is a delay, they can be refrigerated until taken to the GP practice at the next possible opportunity.
- Ensure the GP practice know what to write on the request card (the information from the assessment tool).

\*If there is not enough urine to fill to 20ml line, then use a white top specimen bottle instead