

Ditch The Dipstick

Diagnosing UTI in the over 65s

To diagnose UTI in patients > 65 years
First Think Sepsis— follow [NICE guidance](#).
Then check for all new signs/symptom of UTI.

Suspect UTI if:

- New onset dysuria alone

Or

Any two from the following criteria

- History / presence of fever or rigors
- New frequency or urgency
- New incontinence
- New onset confusion / worsening debility
- New suprapubic or flank pain
- Visible haematuria

- ✓ Only treat based on documented clinical signs and symptoms.
- ✓ Send an MSU for culture **before** commencing antibiotics.
- ✓ See [HERPC guidance](#) for antibiotic choice and duration.

Do NOT perform urine dipsticks in >65 years or those with catheters

Urine dipsticks are unreliable in diagnosing UTI in over 65s and patients with catheters. 50% of over 65s & almost all catheters have bacteria present in the bladder/urine without an infection. This is “asymptomatic bacteriuria” and **does not need treating with antibiotics**. Using urine dipsticks in these patient groups can lead to harm through unnecessary antibiotic use & missed alternative diagnoses.

Number needed to harm =3

Do the right thing... ditch the dipstick

Also consider UTI in older patients with pyrexia or hypothermia, checking the FBC, (and CRP, only if near patient testing available)

New onset confusion does not always mean infection and where the CRP is < 50 is unlikely to be due to infection. Consider other causes such as dehydration, constipation, medicines or change in environment.

Urinary catheter: check for catheter blockages and consider removal or replacement

APPROVAL PROCESS

Written by:	Jane Morgan, Interface Pharmacist (adapted from HUTH Diagnosing Lower Urinary Tract Infections in Patients over the age of 65 and Vale of York CCG Ditch the Dipstick)
Consultation process:	MMIG
Approved by:	HUTH ACAT April 2021
Ratified by:	HERPC May 2021
Review date:	May 2024