Urinary Tract Infection (UTI) Toolkit Assessment Form for 65 years and over for care homes and GP Surgery

Resident name	
Date of birth	
Care setting	Nursing ☐ Residential ☐
Care home name	

1.Does the resident have a catheter	Yes ☐ No ☐
2. Is it short or long-term catheter, please indicate:	
3. Does the resident have a diagnosis of dementia?	Yes ☐ No ☐
4. Specify any ongoing antibiotics:	
5. Does the resident have a diagnosis of diabetes?	Yes ☐ No ☐

6. Any signs of other infection?	**Tick if present**
Cough, shortness of breath, sputum, chest pain	
Nausea /vomiting, abdominal pain/cramps, diarrhoea	
Red/warm/swollen/pus evident/foot issues	
ANY TICKS FROM THE ABOVE, PHONE GP SURGERY FOR ADVICE	
7. New UTI symptoms	**Tick if present**
New isolated pain on urinating- **INDICATE A UTI IS LIKELY**	
OR ANY TWO TICKS FROM BELOW, INDICATE A UTI IS LIKELY	
New or worsening general malaise, lethargy, and reduced daily functioning	
Pain on urinating	
Need to pass urine urgently/ new incontinence	
Need to urinate more often than usual	
Pain in lower tummy/above pubic area	
New visible blood in urine **	
Lower back pain	
New or worsening confusion or agitation	
Hot or cold, shivering or chills (temperature more than 38^0C or less than 36^0C). If measured, record here……	
NEXT ACTIONS Care home staff and GP Surgery Clinicians discussions	**Tick when done**
Encourage fluids	
Email this document to GP Surgery and ask for advice on management	
If urine collection is advised, obtain appropriate sample	
If catheter is in situ, follow clinician's advice	

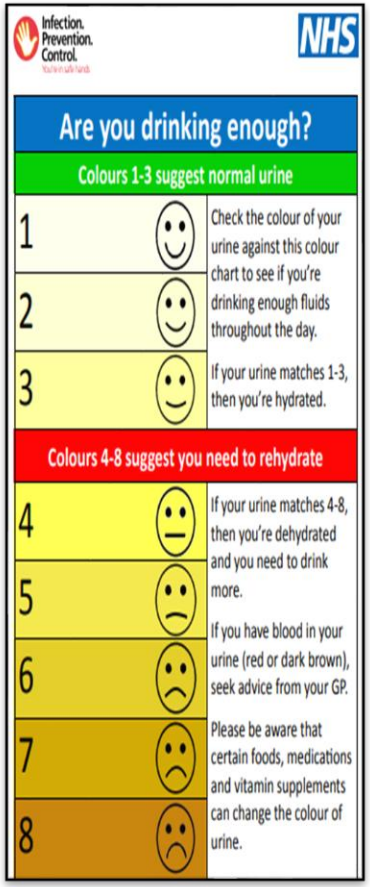
** alert the clinician if any ongoing blood in the residents' urine

Diagnosis of a UTI must always involve assessing for clinical signs and symptoms of a UTI. Up to 50% of care home residents and 90% of patients with urinary catheters will have a positive dipstick with **NO** UTI present due to bacteria in the urine without symptoms of urinary tract infection (asymptomatic bacteriuria).

- **NEVER** dipstick catheter specimens of urine
- **NEVER** squeeze urine out of the incontinence pad
- **DO NOT** perform urine dipstick in residents aged 65yrs or older
- If the urine is clear UTI is very unlikely
- Consider sending a urine specimen if more than 2 signs/symptoms of infection are present

RESTORE2 - National Early Warning Score2 (NEWS2) Escalation (get the right help early) – use if available

Score	Suggested actions (always consider the resident's total NEWS2 in relation to their normal reference score	Observations
0	Observe – likely stable enough to remain at home. Escalate if any clinical concerns / gut feeling.	At least 12 hourly until no concerns
1	Immediate senior staff review; escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause, arrange for GP review suggested within 24 hours. If NEWS2 is worsening, move to appropriate escalation point.	At least 6 hourly
2	Immediate senior staff review, if no improvement in NEWS (or the same) **within 2 hours**, seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.	At least 2 hourly
3-4	Repeat observation within 30 minutes. If observation = NEWS 3 or 4, seek urgent GP telephone or face to face review within 2 hours. If NEWS2 is worsening, move to appropriate escalation point.	At least every 30 minutes
5-6	Immediate clinical review /advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer within 1 hour may be required. Admission to hospital should be in line with any appropriate and agreed documented plan of care.	Every 15 minutes
7+	Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler.	Continuous monitoring until transfer



Name of Nurse/carer: _____ **Signature**: _____ **Date**:_____

Adapted from NHS Halton, NHS Telford & NHS Bury CCGs assessment tool by MMT Suffolk & North East Essex CCGs Version 1.0 March 2022)

NHS
Suffolk and
North East Essex
Integrated Care Board

SUMMARY OF URINARY TRACT INFECTION (UTI) TOOLKIT FOR USE IN CARE HOMES WITH THE INTRODUCTION OF 'SKIP THE DIP'

Care Home Actions

Nursing home staff suspect UTI in a resident 65 yrs or over

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Fill in UTI Toolkit Assessment Form, dipstick testing is **NOT** used in assessment or diagnosis. Nursing home staff to phone GP Surgery Clinician, then email UTI Toolkit Assessment Form to the nominated practice

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Staff to obtain urine sample following completion of the toolkit, only when suspected UTI is indicated
*(Consider sending a urine specimen if more than **2 signs/symptoms of infection are present**)*

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Deliver sample to practice as per your agreed process
(ensure sample is delivered to your practice as soon as possible and within 24 hours)

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Original completed UTI Toolkit Assessment Form to be filed in residents' notes

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GP Surgery Actions

GP reception staff record UTI Toolkit Assessment Form onto patient record and add task to GP system, or give the form directly to GP Surgery Clinician and scan later

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GP Surgery Clinician: call home to discuss or visit resident to assess and treat accordingly. GP to follow up microbiology results

Out of hours: Contact 111 as usual. Staff can use UTI Toolkit Assessment Form to help in the communication of resident's symptoms with out-of-hours