

Urinary Tract Infection (UTI) Assessment Form

Resident-.....
 DOB-.....
 Care Home.....
 Date.....
 Fluid intake in last 24 hours.....

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
- **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

Symptoms	Tick if present
Pain on urinating	
Need to pass urine urgently/new incontinence	
Need to urinate more often than usual	
Pain in lower tummy/above pubic area	
Visible blood in urine	
Passing smaller volumes of urine than usual	
Lower back pain	

Signs of any other infection	Tick if present
Cough	
Shortness of breath	
Sputum production	
Nausea/vomiting	
Diarrhoea	
Abdominal pain	
Red/warm/swollen area of skin	
Cough becoming worse when eating or drinking.	

Record of observations	Tick if present
Temperature more than 37.5C or below 36C or shaking chills (rigors), clammy skin in past 24 hours	
Heart rate less than 50 beats/min or more the 110 bpm	
Respiratory rate more than 20 breaths/min	
Blood Glucose more than 7.7mmols in absence of diabetes	
Bloods taken to check WCC & CRP	
New onset or worsening behaviour, confusion or agitation	
Increased falls	

1, 2, 3 is healthy urine

4 to 8 you must hydrate

1	
2	
3	
4	
5	
6	
7	
8	

If 3 or more indicators are present; please contact GP for a review or out of hour's Rapid response /111.

RR Telford: 07817892188 (8am-10pm)
 RR Shrewsbury: 0345 678 9070 (8am-8pm)
 RR South: 0345 678 9071 (8am-8pm)
 RR North: 0345 678 9072 (8am-8pm)

If patient is worsening whilst on treatment. Please contact Rapid response for clinical discussion/assessment After 9pm call 111

If you are extremely worried then please call 999

Urinary catheter Yes or No
 Date last changed-

GP notified YES/NO Action Taken.....
 Name of Nurse/Carer.....