

**Emergency Care Plans for Long Term**

**Conditions**

**UTI (URINARY TRACT INFECTION)**

**Patient Details**

Name:  
(forename/surname)

NHS no:

DOB:

GP:  
(registered GP address)

Hospital No:

Next of Kin:

Next of kin tel no:

**Name of Community Practitioner**

**Tel:**

**Mobile:**

**Action Plan (self management) signs of deterioration**

**Signs and symptoms**

- Frequency
- (Dysuria) painful when passing urine
- Offensive smelling urine
- Lower back pain
- Urgency
- Confusion – may be more noticeable than usual
- (Haematuria) blood in urine
- Vaginal discharge
- Moist lesions ( skin breaks and redness unexplained )
- Concentrated colour
- Temperature above 37.5 – may have rigours
- Loss of appetite
- Unable to mobilise or walk
- Aggression and change in behaviour
- Unexplained falls

**ACTIONS**

- Urinalysis (dip stick)
- Collection of urine MSU OR CSU

Course of action depending on results

- Urine is negative – no action
- If showing **leucocytes & nitrates** and patient is chronically unwell contact GP regarding commencing Antibiotics
- If showing **leucocytes & nitrates** and patient is asymptomatic test urine again 24/48 hours. If still present send for MSU/CNS
- Increase fluids
- Observe – test urine again 48 hours
- Check and compare against base line observations for vital signs – temperature, B/P, pulse, behaviour

If sample is not obtainable discuss with appropriate health care professional - using SBAR TOOL

- GP/Matron etc – Reassessment of symptoms
- If getting recurrent UTI (3 in 6 months or 5 in a year) contact GP or Continence

Specialist Nurse SPA Telephone 0300 330 5444

**Indications for urgent medical attention**

**Recurrence of UTI! WHY? + HOW OFTEN?**

- Check past medical history
- Blood in urine – why? – Referral to GP and Specialist, discuss with continence specialist. If blood on Dip Stick on 3 occasions over a few weeks then GP if clinically appropriate referrer to Haematuria clinic

**Indication for referral**

- Gross haematuria - Patient requires referral to GP, specialist

**Information for emergency services**

**Allergies**

York Teaching Hospital   
NHS Foundation Trust

**Medications**

**Past medical history**

**Normal baseline observations**

Blood pressure:	Heart Rate:	Respiratory Rate:
Oxygen saturations:	MRC (dyspnoea scale):	Temperature:

**Professional network**

Name	Address	Phone no	Relationship to patient

Name:  
Signature:  
Designation:  
Date: