

Pathway:	Diagnosis of Urinary Tract Infection (UTI)
<p>Urinary Symptoms in Adult Women <65 years old do not culture routinely ⁽¹⁾ In sexually active young men and women with urinary symptoms consider Chlamydia trachomatis</p> <p>Urine culture in women and men > 65 years</p> <ul style="list-style-type: none"> • Do not send urine for culture in asymptomatic elderly with positive dipsticks • Only send urine for culture if two or more signs of infection, especially dysuria, fever >38° or new incontinence • Do not treat asymptomatic bacteriuria in the elderly, as it is very common • Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance <p>Urine culture in women and men with catheters</p> <ul style="list-style-type: none"> • Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common and antibiotics increase side effects and antibiotic resistance • Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects and antibiotic resistance • Only send urine for culture in catheterised if features of symptomatic infection. However always: <ul style="list-style-type: none"> - exclude other sources of infection - check that the catheter drains correctly and is not blocked - consider need for continued catheterisation - if the catheter has been in place for more than 7 days, consider changing it before/when starting antibiotic treatment • Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change <p>When else should I send a urine for culture?</p> <ul style="list-style-type: none"> • Pregnancy – if symptomatic for investigation of possible UTI. In all at first antenatal visit – as asymptomatic bacteriuria is associated with pyelonephritis and premature delivery • Suspected pyelonephritis (loin pain and fever) • Suspected UTI in men • Failed antibiotic treatment or persistent symptoms • Recurrent UTI, abnormalities of genitourinary tract, renal impairment – more likely to have a resistant strain <p>Diagnosis of UTI – Quick Reference Guide for Primary Care – for full guidance click here</p> <p>References & Additional information:</p> <p>1. Carr J. Urinary tract infections in women ; diagnosis and management in primary care. BMJ 2006; 332; 94-7. Useful review with treating MCQ</p>	

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