

Assessment of Suspected UTI without Indwelling Catheter & Recurrent UTI
(RESOLVE AFTER 72 HOURS IF CRITERIA NOT MET)

Resident _____ Room _____ Start Date/Shift _____ Stop Date _____

Vital Signs: BP _____ Pulse _____ R _____ T _____ O2 _____

- 1. a. Initiate orders to trigger in MAR to monitor resident Qshift for 3 days and include in ProgNotes.**
b. Write date protocol initiated in provider's communication book.

- 2. Does the resident experience at least 3 new or acutely worse symptoms? (Note to next shift RNs: Please document assessment on following pages)**

- ☐ fever: single oral temperature >100°F **OR** repeated oral temperature >99°F **OR** repeated rectal temperature >99.5°F **OR** single temperature >2°F from any site above baseline temperature recorded above
- ☐ dysuria ☐ urgency
- ☐ frequency ☐ gross hematuria
- ☐ new flank or suprapubic or testicular pain or tenderness

3. MEETS CRITERIA. Obtain UA w/C&S

Does the UA show pyuria (>10 WBC/mm³ per HPF) plus (indicating positive results)...

- ☐ $\geq 10^5$ CFU/mL of no more than 2 organisms in a voided urine sample
- OR**
- ☐ $\geq 10^2$ CFU/mL of any number of organisms in an in/out catheter sample

3. DOES NOT MEET CRITERIA. Call provider for any orders:

- ☐ VS Q____ Hours for ____ days
- ☐ Offer _____ mL water/juice Q____ Hours
- ☐ Notify provider if resident condition worsens or does not improve in ____ hours
- ☐ Obtain labs as follows: _____
- ☐ Rule out other infectious causes

4. UA IS POSITIVE. Call provider for Antibiotic Rx Orders after C&S results received

According to our understanding of best practices, the resident may have a urinary tract infection and needs a prescription for an antibiotic agent.

- 5. a. Carry out orders for new antibiotic**
b. Complete infection control log.

4. UA IS NEGATIVE. Call provider for any orders or resolve protocol.

- ☐ VS Q____ Hours for ____ days
- ☐ Offer _____ mL water/juice Q____ Hours
- ☐ Notify provider if resident condition worsens or does not improve in ____ hours
- ☐ Obtain labs as follows: _____
- ☐ Rule out other infectious causes

DAY 1: MONITOR QSHIFT AND DOCUMENT IN PROGRESS NOTES

Date/Shift _____

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DAY 2: MONITOR QSHIFT AND DOCUMENT IN PROGRESS NOTES

Date/Shift _____

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- ☐ new flank or suprapubic or testicular pain or tenderness

DAY 3: MONITOR QSHIFT AND DOCUMENT IN PROGRESS NOTES

Date/Shift _____

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- ☐ dysuria ☐ urgency
- ☐ frequency ☐ gross hematuria
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Date/Shift _____

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**RESOLVE ALGORITHM AFTER 72 HOURS OF MONITORING
IF CRITERIA NOT MET**