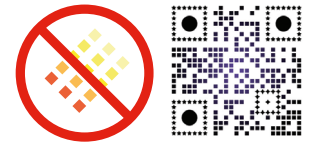


ADULTS OVER 65 YEARS

Diagnostic decision tool for suspected UTI in adults over 65 years

Excludes adults with recurrent UTI. When using this tool, refer to the [Background](#) and the corresponding web text for more information on clinical decision making and target groups.



Urinary symptoms/signs, abnormal temperature, non-specific signs of infection

↓ YES

Do not perform urine dipsticks: Urine dipsticks are less reliable with increasing age over 65 years due to increasing levels of asymptomatic bacteriuria in older adults. By 80 years, about half of older adults living in care homes, can have bacteria present in the bladder/urine without infection. Asymptomatic bacteriuria is not harmful, and although it can cause a positive urine dipstick, antibiotics are not beneficial and may cause harm.

↓ ALL

Consider Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis (caused by irritation or inflammation), sexually transmitted infections, and prostatitis. Follow relevant management and safety-netting guidance



1. THINK SEPSIS - check for symptoms/signs using local or national tool such as NICE, RESTORE2 or NEWS2

PYELONEPHRITIS - check for any new symptoms/signs

- kidney pain/tenderness in back, under ribs
- flu-like illness[†]
- nausea/vomiting[†]
- shaking chills (rigors) OR temp over 37.9°C or 36°C or below[†]

[†]rule out other causes - see box 6 below

→ YES

2. If suspected sepsis OR pyelonephritis:

- obtain urine specimen before antibiotics are taken and send for culture, but do not delay treatment
- immediately start antibiotic/management for upper UTI/sepsis using local/national guidelines for sepsis or pyelonephritis, considering resistance risk
- refer if symptoms/signs suggest further investigation or hospitalisation is required

↓ NO

3. CHECK ALL FOR NEW symptoms/signs of UTI

- new onset dysuria alone

OR 2 or more:

- fever, this could be a temperature 1.5°C above patient's normal twice in the last 12 hours
- new frequency or urgency
- new incontinence
- new or worsening delirium/functional decline
- new suprapubic pain
- visible haematuria

If fever and delirium/debility only: exclude other infections before treating solely for UTI (box 6)

→ YES

4. UTI LIKELY: share self-care and safety-netting advice using [TARGET UTI leaflet](#)

- obtain urine specimen before antibiotics are taken and send for culture, as greater resistance in older adults
- consider antibiotic resistance risk using patient history
- if mild symptoms consider back-up antibiotics in women without catheters and low risk of complications
- offer immediate antibiotic in men
- if more than mild symptoms or higher risk of complications, offer immediate antibiotics using local/national prescribing guidelines

↓ NO

5. CHECK for other causes of delirium if relevant (PINCH ME)

- | | |
|---|---|
| <input type="checkbox"/> P: Pain | <input type="checkbox"/> M: other Medication |
| <input type="checkbox"/> I: other Infection* | <input type="checkbox"/> E: Environment change |
| <input type="checkbox"/> N: poor Nutrition | |
| <input type="checkbox"/> C: Constipation | |
| <input type="checkbox"/> H: poor Hydration | |

→ YES

Consider other local/national resources for delirium management

↓ NO

6. CHECK ALL for other localised infection

Some other sites of common infection might include:

- respiratory tract infection
 - skin and soft tissue infection
 - gastrointestinal tract infection
- This list of causes is not exhaustive.*

→ YES

Follow local diagnostic and treatment guidance

↓ NO

Advise "watchful waiting/active monitoring" with further investigation for other causes

→ ALL

8. If worsening symptoms/signs consider: admission or start/change antibiotic

→ ALL

KEY: Suspected sepsis alert Action advised
UTI symptom Other advice