

ADULTS WITH A URINARY CATHETER

Diagnostic decision tool for adults with a urinary catheter who have a suspected catheter associated UTI (CAUTI)

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: Most adults with urinary catheter in place for more than one month, will have bacteria present in the bladder/urine without infection. Asymptomatic bacteriuria is not harmful, and although it causes 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

- if urinary catheter for more than 7 days: consider changing (if possible remove) as soon as possible but do not delay antibiotics
- obtain urine specimen before antibiotics are taken and send for culture (from new catheter if changed), but do not delay treatment
- immediately start antibiotic/management for upper UTI/sepsis using local/national guidelines for sepsis or pyelonephritis in [CAUTI](#), considering resistance risk
- refer if symptoms/signs suggest further investigation or hospitalisation is required

↓ NO

3. CHECK ALL FOR NEW symptoms/signs of CAUTI

- fever, this could be a temperature 1.5°C above patient's normal twice in the last 12 hours
- new or worsening delirium/functional decline
- new suprapubic pain
- visible haematuria
- if fever and delirium/functional decline only: exclude other infections before treating solely for CAUTI (box 6)
- check for catheter blockage/outflow and consider catheter removal or replacement
- see age specific UTI diagnostic [decision tool](#) for additional symptoms to consider if catheter has been removed in previous 48 hours

YES

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

- if urinary catheter for over 7 days consider changing (if possible remove) as soon as possible, but do not delay antibiotics
- obtain urine specimen before antibiotics are taken and send for culture (from new catheter if changed)
- offer immediate antibiotics using local/[national prescribing guidelines](#)
- review antibiotic choice with culture result

↓ NO

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

- P: Pain
- M: other Medication
- I: other Infection^{*}
- E: Environment change
- N: poor Nutrition
- C: Constipation
- H: poor Hydration

YES

Consider other local/national resources for delirium management

7. Give safety-netting advice about consulting if:

- worsening symptoms
- no improvement 48 hrs after starting antibiotics
- signs of pyelonephritis
- any symptom/sign of sepsis

↓ 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

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

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

ALL

KEY: Suspected sepsis alert Action advised
 UTI symptom Other advice