CARE PATH  
Symptoms of Urinary Tract Infection (UTI)  
(in residents without an indwelling catheter)

**Symptoms or Signs of UTI**
- Painful urination (dysuria)
- Lower abdominal (suprapubic) pain or tenderness
- Blood in urine
- New or worsening urinary urgency, frequency, incontinence

**Take Vital Signs**
- Temperature
- BP, pulse, apical HR (if pulse irregular)
- Respirations
- Oxygen saturation
- Finger stick glucose (diabetics)

**Vital Sign Criteria (any met?)**
- Temp > 100.5°F
- Apical heart rate > 100 or < 50
- Respiratory rate > 28/min or < 10/min
- BP < 90 or > 200 systolic
- Oxygen saturation < 90%
- Finger stick glucose < 70 or > 300
- Resident unable to eat or drink

**Evaluate Symptoms and Signs for Immediate Notification**
- Abdominal distension
- New or worsened incontinence
- Suprapubic tenderness
- Pain/tenderness in testes suggesting epididymitis
- Gross blood in urine
- Not eating or drinking

**Consider Contacting MD/NP/PA for orders (for further evaluation and management)**
- Urinalysis
- Urine culture and sensitivity (if indicated by UA)
  - Collect clean voided specimen if possible; in-and-out catheter only if necessary
  - For residents with indwelling catheter; change the catheter, send the urine obtained from the new catheter
- Blood work (Complete Blood Count, Basic Metabolic Panel)
- Post Void Residual
- INR if antibiotic therapy ordered + on coumadin

**Tests Ordered**
- Critical values in blood count or metabolic panel
- WBC > 14,000 or neutrophils > 90%
- PVR > 350 ml
- Urine results suggest infection and symptoms or signs present

**Evaluate Results**

**Monitor Response**
- Vital signs criteria met
- Worsening condition and/or immediate notification criteria met

**Manage in Facility**
- Monitor vital signs, fluid intake/urine output every 4-8 hrs
- Oral, IV or subcutaneous fluids if needed for hydration
- Check results of urinalysis and culture
- Consider antibiotic treatment for 7-10 days if culture positive (check allergies)
- DISCONTINUE ANTIBIOTIC IF CULTURE NEGATIVE
- Update advance care plan and directives if appropriate

**Notify MD / NP / PA**

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*Please Note:*
1. Overtreatment of asymptomatic bacteriuria labeled as a “UTI” is a major problem contributing to adverse events, C. Difficile infection, and resistant organisms. Antibiotic treatment should be reserved for those who meet specific clinical criteria.

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