

# Urinary Tract Infection (UTI) & Asymptomatic Bacteriuria (ASB)

## When to test & When to treat urines



### Do not send

1. **Do not test** foul smelling or cloudy urine.
2. **Do not test urine** in **asymptomatic** patient, *unless* pregnant, about to have urologic surgery, or septic.
3. **Do not test urine** in the elderly unless there is a strong clinical suspicion of a UTI.



### Wait

1. **Diagnosis of UTI should not be assigned without UTI symptoms.**
2. **Non-specific changes in elderly patients**, like weakness, falls, aggression and confusion do not mean that there is a UTI.
3. **Individualize care and investigate for other causes:**  
consider pain, medications, sleep disturbances, constipation, hypoxia, hypoglycemia, other infections.
4. **Dehydration** is the most common cause of non-specific changes.



**Cloudy and/or malodorous urine is not indicative of a UTI.**

**Rehydration** (unless fluid restricted) will resolve symptoms in many patients.

**Consider** clysis and regular fluid “rounds” to increase intake in patients with swallowing or communication difficulties.



### Send

**Order** urinalysis and culture

*if at least 2 of the following typical UTI symptoms are present in patients without urinary catheters:*

- Acute dysuria**
- Temperature >38°C**
- New or increased frequency, urgency, or incontinence**
- Flank pain / suprapubic pain**
- Blood in the urine**

## Key points

1. Positive urine culture results should NOT be treated unless there are signs of a UTI (except in pregnancy or prior to urologic surgery).
2. Patients with pyuria and positive urine cultures, who do not have UTI symptoms have ASB (i.e., bladder colonization), and NOT a UTI.
3. Treating ASB does not prevent UTIs and increases the risk of resistance, adverse and allergic reactions, and *Clostridium difficile* infection.
4. Non-specific changes (e.g. weakness, lethargy, falls, confusion, aggression) are not indicative of a UTI. Use CAM STRAINED/DIMS tools to assess for other causes. Go to AHS Insite and search *Delirium, Seniors-Inpatient*

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