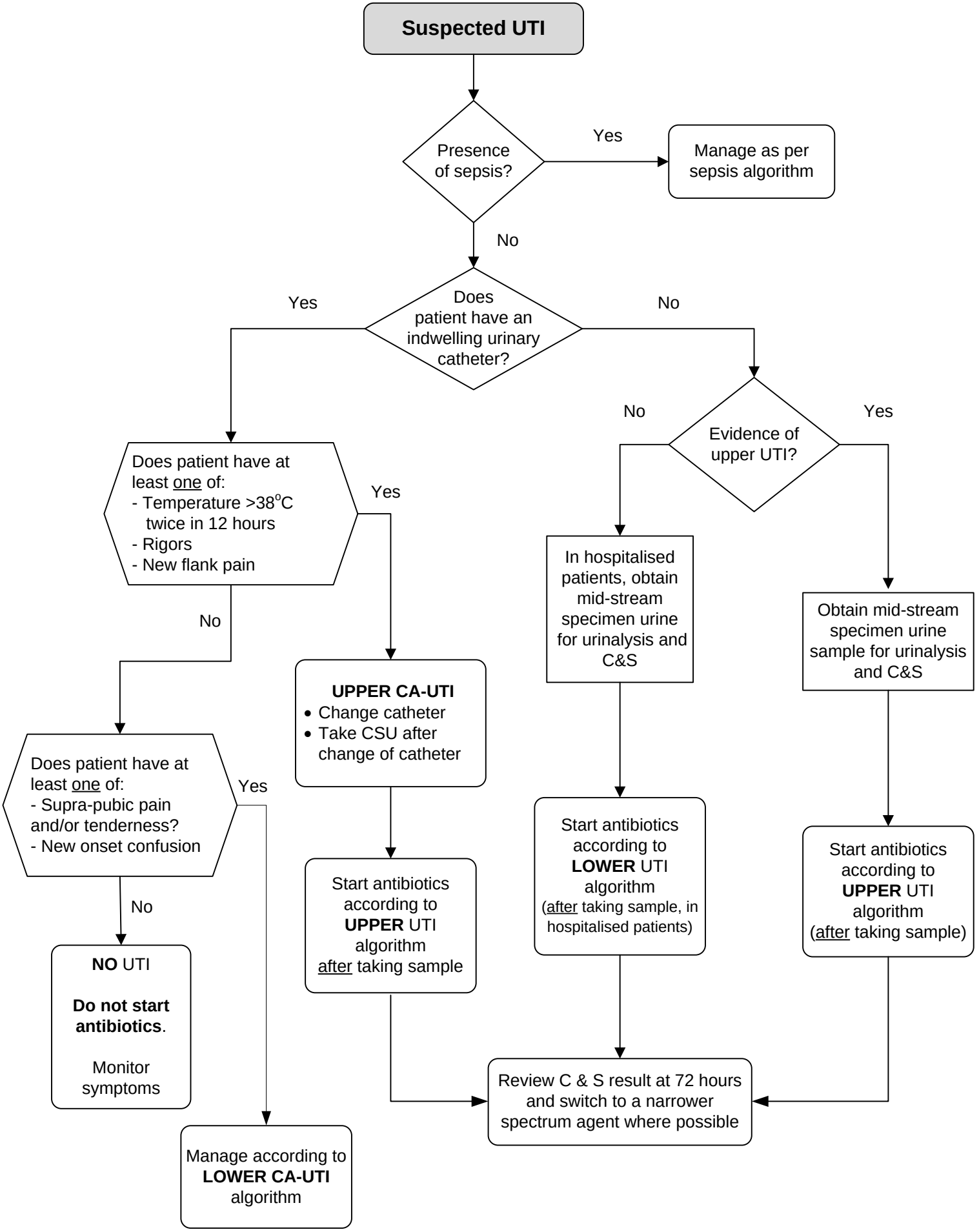
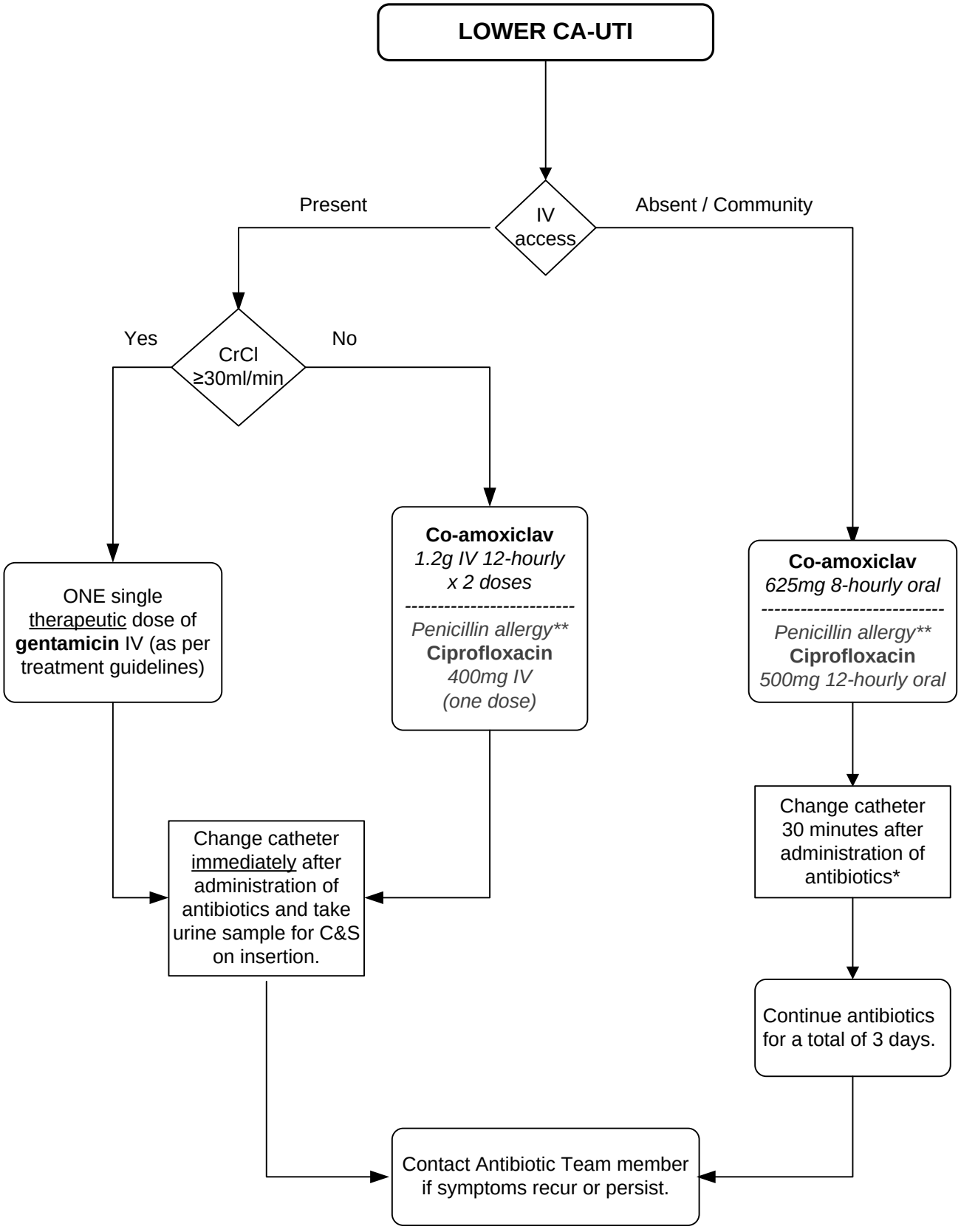
URINARY TRACT INFECTION

- Asymptomatic bacteriuria in the elderly is common and not related to increased morbidity or mortality. It should not be treated with antibiotics.
- All patients with an indwelling catheter will have bacteria in their urine. Cloudy or foul-smelling urine alone is not a valid indication for initiating antibiotics.
- Dipstick testing of urine is only useful to **exclude** a UTI (negative result). Positive result does **not** mean a patient has a UTI but a positive result for leucocyte esterase or nitrite may make a UTI more likely.





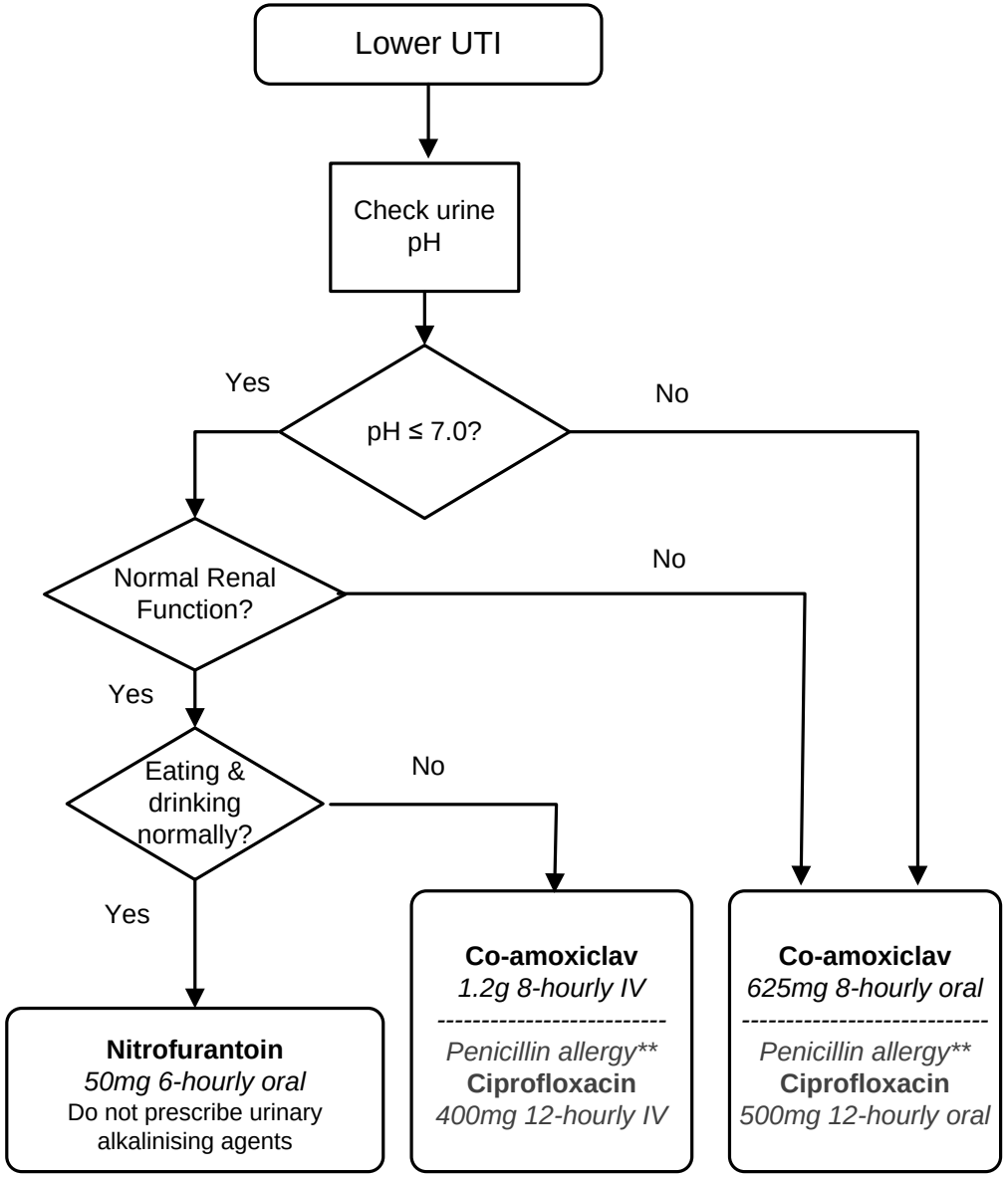
* In the presence of suspected urinary infection, oral antibiotics should be administered 30 minutes before change of urinary catheter so as to reach effective blood levels and reduce the risk of sepsis. There is therefore a significant likelihood that any sample taken from the new catheter will include antibiotic residues. Clinical judgement should be used to determine whether such a sample is indicated.

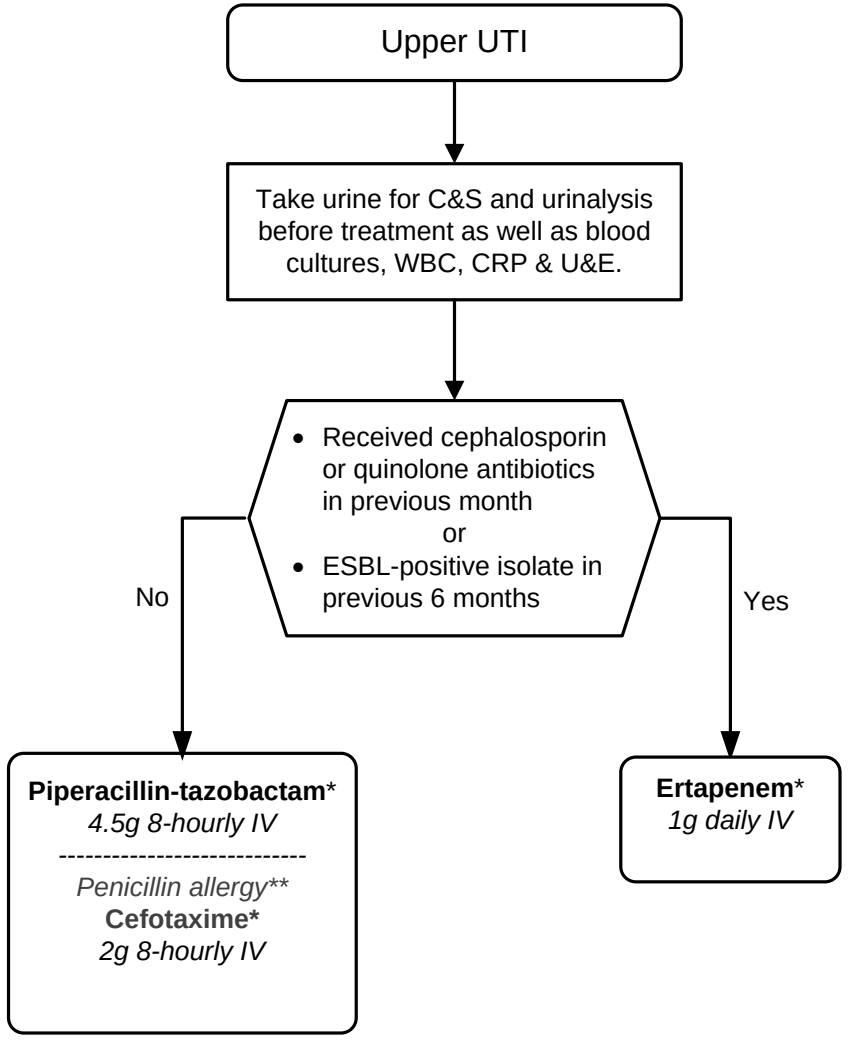
Specimens for C&S should only be taken from a newly inserted urinary catheter and never from a longstanding catheter.

** Patients with a history of an immediate-type hypersensitivity reaction (e.g. urticaria and/or bronchospasm) should not receive any beta-lactams (including cephalosporins) or carbapenems.

Contact an Antibiotic Team member for advice

Antibiotic Treatment of Urinary Tract Infection in Hospital Patients





*Once afebrile, switch to oral equivalent, based on C&S results/Antibiotic Team advice, and continue for a total of 14 days.

** Patients with a history of an immediate-type hypersensitivity reaction (e.g. urticaria and/or bronchospasm) should not receive any beta-lactams (including cephalosporins) or carbapenems.

Contact an Antibiotic Team member for advice

Antibiotic PROPHYLAXIS for Change of Urinary Catheters