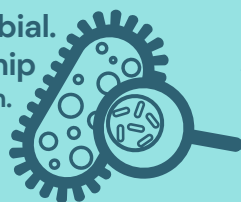


# URINARY TRACT INFECTIONS

Adult Secondary Care Guidelines have been updated on MicroGuide for NHS Lothian.

Antimicrobial Stewardship  
@nhslothian.scot.nhs.uk

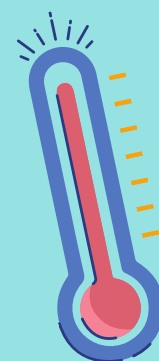
 @LothianAMS



**1**

## SYMPTOMS

To diagnose a lower UTI/cystitis two or more of: new dysuria, nocturia, frequency, urgency, haematuria (without vaginal discharge or urethritis post sex) have good sensitivity for a bacterial urinary tract infection in women under the age of 65. Only one symptom may not be sufficient to make a diagnosis.



**2**

## TO DIP OR NOT TO DIP

The use of dipstick in older people may be harmful if used to influence antibiotic prescribing. Older people may have positive urine dipstick and/or positive urine culture and without symptoms this should not be treated (asymptomatic bacteruria). Delirium alone is not sufficient to warrant empirical antibiotic prescribing.



#DONTBEADIPSTICK

## DIPSTICK/URINALYSIS

Urine dipstick should not influence antibiotic prescribing without symptoms.

Urine dipstick is not recommended to diagnose UTI in women 65 years and over, men, or in a patient with a catheter.

If used in women under 65 years be wary of diagnosing a UTI if nitrites are negative.



**3**

## BACTERIAL RESISTANCE TO TRIMETHOPRIM IS INCREASING

Go to MicroGuide for alternatives to trimethoprim if patient has any of these characteristics:

- Trimethoprim treatment in past **3** months
  - Trimethoprim resistant organism present in any of the last **3** urine culture results over the last 12 months
1. Hospital inpatient
  2. Over 65 years old
  3. Long term care facilities resident



**3** DAYS OF ANTIBIOTICS FOR UNCOMPLICATED LOWER UTI IN WOMEN

## GENTAMICIN

Gentamicin resistance remains low in NHS Lothian and it remains an appropriate antibiotic for treating more complicated urinary tract infections, including upper UTI/pyelonephritis.



## URINE CULTURES

Send a urine culture to tailor antibiotic prescribing for:

- All men treated for a UTI
- All women over the age of 65
- All patients admitted with UTI and sepsis
- Where treatment hasn't improved symptoms
- Previous resistant UTI
- Inpatients treated for a UTI



## CATHETERS

We would not recommend the routine use of antibiotics for a catheter change unless:

- Previous episode of sepsis/severe UTI with catheter change
- Insertion of incontinence implant
- Trauma at catheterization

## RESOURCES

Public Health England Urinary tract infection: diagnostic tools for primary care  
SIGN 160: Management of suspected bacterial lower UTI in adult women  
NICE guidelines for managing UTIs

