

# To Dip or Not to Dip?

**‘To Dip or Not to Dip’ is an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains more about UTIs and the ‘To Dip or Not to Dip’ care pathway.**

## The presence of bacteria in the urine in older people

The presence of bacteria in the urine in older people does not mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. Around half of older people have bacteria in their urine without causing any symptoms. All of those with a long-term urinary catheter, will have bacteria in their urine with no symptoms.



## What’s the problem with urine dipsticks?



Urine dipsticks do not help aid diagnosis of UTI in older people living in care homes and should not be used. A positive result for ‘nitrite’ (bacterial marker) or ‘leucocyte’ (white blood cell marker) may be a normal finding because of the high proportion of

older people that have bacteria in the urine. Often, if a resident has a positive dipstick result and has non-specific symptoms, such as had a fall or is drowsy, they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and the resident may receive antibiotics unnecessarily.

## Antibiotics: More harm than good?

Antibiotics are powerful and precious drugs but if taken inappropriately they kill healthy gut bacteria. This can result in bacteria developing resistance to antibiotic treatments or bacteria may become disease-causing. Antibiotic resistance means that antibiotics may not work when a person really needs them, and these resistant bacteria can spread easily in a care home for older people. Side effects such as nausea, stomach upset, and skin rashes are common in older people receiving antibiotics. A life-threatening gastro-intestinal infection called Clostridium difficile (or 'C. diff') can be caused by frequent antibiotic use. Everyone has a responsibility to protect the use of antibiotics and they should only be used when there is strong evidence of a bacterial infection.



## To Dip or Not to Dip Assessment Tool

### People >65 years with Suspected Urine Infection (UTI) - Guidance for Care Home staff

Complete resident's details, flow chart and actions (file in resident's notes after). **DO NOT PERFORM URINE DIPSTICK** – No longer recommended in >65yrs.

Resident: ..... DOB: ..... Carer: ..... Date: ..... Care Home: .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Any symptoms suggesting alternative diagnosis?</th> <th style="text-align: left;">Tick if present</th> </tr> <tr> <td>Increased breathlessness or new cough</td> <td></td> </tr> <tr> <td>Diarrhoea and vomiting</td> <td></td> </tr> <tr> <td>A new red warm area of skin</td> <td></td> </tr> </table>	Any symptoms suggesting alternative diagnosis?	Tick if present	Increased breathlessness or new cough		Diarrhoea and vomiting		A new red warm area of skin		Any ticks → <b>UTI unlikely</b> Seek guidance as appropriate																																
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Care Home staff use an assessment tool which is based on best practice guidelines. Urine dipsticks are not used. Instead, staff use the assessment tool to focus on assessing for symptoms and signs that suggest UTI or other causes, and what actions to take. If UTI is suspected, urine samples should be collected and sent to the laboratory to allow treatment with the correct and safest antibiotic.