

Suspected Lower UTI (age >16)

Key

- "Must do" actions for GP's / (Triaged by RMS)
- Recommendations for Primary Care
- Red flag / urgent referral
- Routine referral
- Public health intervention
- Audio-visual aids for patients and GP
- Click icon for clinical evidence

URINARY SYMPTOMS IN ADULT WOMEN <65: DO NOT CULTURE ROUTINELY
In sexually active young people with urinary symptoms, consider *Chlamydia trachomatis*

Lifestyle advice popup

Make every contact count:
Smoking status = smoker?
Alcohol consumption = >14 units/wk ♀ ♂
BMI / physical inactivity / diet = BMI ≥30,
<150 mins PA/wk
Mental wellbeing = Signs of stress / anxiety

Comments & enquiries re. to medication: CCG Medicines Management Team mmt.islington@nhs.net

Refer to current BNF or SPC for full medicines management. Clinical contact for pathway queries: Dr Karen Sennett karen.sennett@nhs.net

- Severe or ≥ 3 symptoms of UTI**
- Dysuria
 - Frequency
 - Suprapubic tenderness
 - Urgency
 - Polyuria
 - Haematuria

NO vaginal discharge or irritation

90% culture positive

Give empirical antibiotic treatment
1st Line = Nitrofurantoin (if GFR >45 and not term pregnancy/ Contra Indications) or trimethoprim if low risk of resistance
2nd Line = Pivmecillinam (use Amoxicillin if organism susceptible)
3rd Line = Fosfomycin

Mild or ≤ 2 symptoms of UTI (as above)

Obtain urine specimen

Urine NOT cloudy: 97% NPV

Consider other diagnosis

URINE CLOUDY
Perform urine dipstick test with nitrite
When reading test, WAIT for the time recommended by the manufacturer

Positive nitrite, and leukocytes and blood 92% PPV OR **positive** nitrite alone

Negative nitrite
Positive leukocyte

Negative nitrite, leukocytes and blood 76% NPV OR **negative** nitrite, leukocyte; **positive** blood or protein

Probable UTI

UTI or other diagnosis equally likely

Laboratory microscopy or red cells is less sensitive than dipstick; UTI unlikely

Treat with first line agents on local or PHE guidance (or as per antibiotic guidance given above)

Review time of specimen (*morning is most reliable*)
Treat if severe symptoms, or consider delayed antibiotic prescription and send urine for culture

Consider other diagnosis
Reassure and give advice on management of symptoms

URINE CULTURE IN WOMEN AND MEN >65 YEARS

- Do not send urine for culture in asymptomatic elderly with positive dipsticks.
- Only send urine for culture if two or more signs of infection, especially dysuria, fever >38° C, or new incontinence.
- Do not treat asymptomatic bacteriuria in elderly as it is very common.
- Treating does not reduce mortality or prevent symptomatic episodes, but does increase side-effects and antibiotic resistance

URINE CULTURE IN WOMEN AND MEN WITH CATHETERS

- Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common, and antibiotics increase side-effects and antibiotic resistance.
- Treatment does not reduce mortality or prevent symptomatic episodes, but does increase side-effects and antibiotic resistance.
- Only send urine for culture catheterised if features of systemic infection.
However, always:
 - exclude other sources of infection
 - check that the catheter drains correctly and is not blocked
 - consider need for continued catheterisation
 - if the catheter has been in place for more than seven days, consider changing it before/when starting antibiotic treatment
- Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change.

WHEN ELSE SHOULD I SEND A URINE FOR CULTURE?

- Pregnancy: if symptomatic for investigation of positive UTI, and at first antenatal visit as asymptomatic bacteriuria associated with pyelonephritis and premature delivery.
- Suspected pyelonephritis (loin pain and fever).
- Suspected UTI in men.
- Failed antibiotic treatment or persistent symptoms.
 - *E. coli* with ESBL and CPE enzymes are increasing in the community
 - ESBLs are multi-resistant, but usually remain sensitive to nitrofurantoin or fosfomycin
- Recurrent UTI, abnormalities of genitourinary tract, or renal impairment, as more likely to have a resistant strain.