

# Ditch The Dipstick

## Diagnosing UTI In Older People

**To diagnose UTI in patients > 65 years:**

**Do not use urine dipsticks in patients > 65 years old or with catheters**

**Be a urosceptic...**

- ✓ Only treat based on documented clinical signs and symptoms.
- ✓ Send an MSU for culture **before** commencing antibiotics.
- ✓ See Trust guidelines for antibiotic choice  
<https://intranet.cht.nhs.uk/chft-documentation/view-category.php?catID=71>

- **First Think Sepsis** – follow pathways and guidelines as appropriate.
- **Then check for all new signs/symptoms of UTI:**

✓ **New** onset dysuria alone.

**Or**

**Any two from the following criteria:**

- ✓ Temperature 1.5°C above patient's normal twice in the last 12 hours or hypothermia.
- ✓ **New** frequency or urgency.
- ✓ **New** incontinence.
- ✓ **New** or worsening delirium/debility.\*
- ✓ **New** suprapubic or flank pain
- ✓ Visible haematuria.

Also consider UTI in older patients with pyrexia, hypothermia, abnormal WCC or CRP AND no alternative cause for these.

\*Confusion does not always mean infection. Consider other causes such as dehydration, constipation, medication etc.

**Urine dipsticks are unreliable in diagnosing UTI in older people and patients with catheters. 50% of older patients & almost all with catheters have bacteria present in the bladder/urine without an infection. This is “asymptomatic bacteriuria” & does not need treating with antibiotics. Using urine dipsticks in these patient groups can lead to harm through unnecessary antibiotic use & missed alternative diagnoses.**

**Do the right thing... ditch the dipstick!**