

**BRAIN BOOSTER**

**BY FUSION**

**URINARY TRACT INFECTION  
(UTI)**



Care Management Software

Empowering Outstanding Care Through Technology



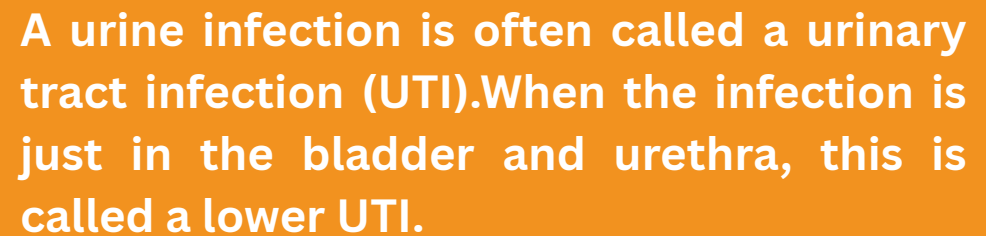
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**Most urine infections are caused by germs (bacteria) that come from your own bowel.**

**They cause no harm in your bowel but can cause infection if they get into other parts of your body.**



# Why do some people develop urine infections?

In many cases the infection occurs for no apparent reason. In other cases, an underlying problem can increase the risk of developing a urine infection. Particularly if the person has an indwelling urinary catheter, is incontinent of faeces or unable to maintain good bowel hygiene.

## Signs & Symptoms of a UTI may include:

- Pain or a burning sensation when passing urine (dysuria)
- Urine that looks cloudy or smells
- Needing to pass urine suddenly or more urgently than usual
- Needing to pass urine more often than usual and discomfort on urination
- Blood in the urine
- A high temperature, or feeling hot and shivery
- Confusion not normally present (delirium = confusion due to infection)

# Diagnosis of a UTI

The presence of bacteria in the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long-term urinary catheter, this rises to 100%. Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes.

A positive result on the dipstick 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, they are inappropriately diagnosed with a UTI, meaning the resident may receive antibiotics unnecessarily. Care staff should focus on the signs and symptoms of the resident and what actions to take. Obtaining a urine sample for laboratory investigation in residents with suspected UTI is very important to enable the best, and safest treatment and antibiotic to be chosen.

**\*Please ask your local ICB for their dip or not to dip guidance**

<https://www.infectionpreventioncontrol.co.uk>

# Treatment



- A course of antibiotics will usually clear the infection quickly.
- If the symptoms are not gone, or nearly gone, after a few days, doctors' advice should be sought which may result in a change to treatment. An additional care plan **MUST** be written.
- Paracetamol or Ibuprofen will usually ease any pain, discomfort, or high temperature (fever).

It is important to drink plenty of fluids when a UTI has been diagnosed. This helps to flush out the bladder, however, we should be mindful that this may also increase trips to the toilet or incontinence and resident specific support must be put in place to help manage this. Residents may be reluctant to drink for fear of 'accidents'.

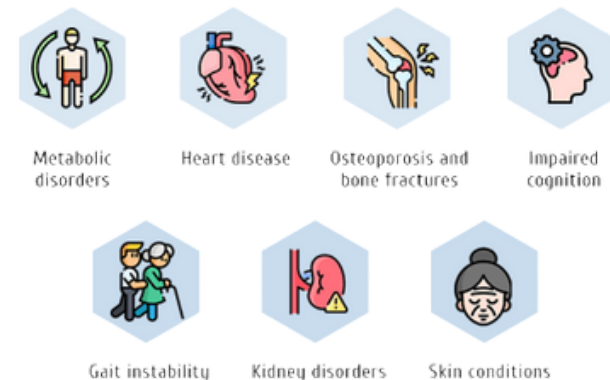
# Fluid Intake for good health

Some residents may have a medical condition, such as heart failure or other kidney conditions, which means their fluid intake may need to be restricted to a specific amount in 24hrs. These residents urine should be observed closely to ensure they are not becoming dehydrated and any concerns reported to the person in charge.

Good fluid intake can also impact on overall health and should not just be considered when the resident has a UTI. Residents should always be observed for signs of dehydration:

- Thirst (although some elderly people may have a decreased sense of thirst).
- Dry mouth, dry tongue with thick saliva.
- Headaches.
- Difficulty passing urine or reduced amounts that are dark in colour.
- Dizziness that becomes worse on standing.

Chronic dehydration contributes to:



The World Health Organisation (WHO) says, “The two public health interventions that have had the greatest impact on the world's health are clean water and vaccination” (WHO, August 2011)

# Fluid Intake for good health

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Fortunately, clean water is something we do not have to think about, we just turn on the tap! But do our residents drink enough to support their health? If a resident has never been a big drinker, it is unrealistic to expect them to start drinking more as they get older. Many residents may be reluctant to drink as this will increase trips to the toilet, and they may have a fear of falling or having 'accidents' if they do not get there in time. Staff must be sensitive and supportive in this instance and ensure that residents are supported to the toilet more frequently or if using continence aids such as pads, residents are supported with more frequent changes and skin care.

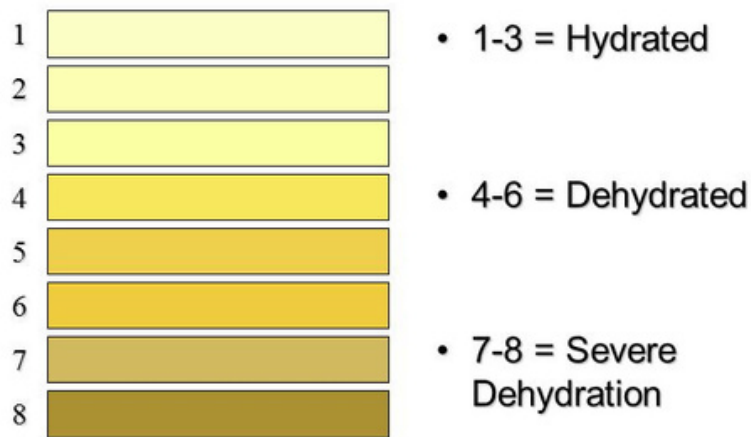
**#drink8tohydrate** – drinking 6-8 glasses of water a day will be beneficial to everyone and promote good health!

## Other 'Fluids'

Residents who are finding it difficult or are reluctant to drink additional fluids can have their fluid input increased using alternative methods. Foods such as soup, yoghurt, fruit, ice lollies, jelly and milk puddings all have a high fluid content and will contribute towards hydration. Making drinks more interesting or fun may encourage residents to drink more, experiment with flavours, use fizzy water instead of still water, make smoothies, recreate a pub or a picnic scenario to engage residents with drinking or eating.

# Recognising Dehydration

## Hydration Urine Chart



We should aim for our residents to have at least one episode per day where their urine is in the 1-3, range to ensure adequate hydration. It is important to remember that urine passed first thing in the morning will be more concentrated and may fall outside the 1-3 range since a lesser amount of fluids are taken overnight.

Staff can play an important part in recognising dehydration and by acting promptly can help to avoid this. An easy way to spot when a resident is becoming dehydrated is by observing their urine. As a person becomes dehydrated their urine will be more concentrated, they will pass urine less and it may have an odour. If staff are able to recognise these changes, they will be able to immediately put an action plan together and prevent it worsening. Fluid input should be increased and a discussion held with the resident explaining why they should drink more. Where there are concerns regarding a resident's fluid intake fluid monitoring may be commenced in order that their fluid input can be more closely monitored. This monitoring can be managed through the Fusion 'Task' system.