

# FORM U1

## Management of UTIs For elderly patients residing in care homes<sup>1,2</sup>



**URGENT - For attention of GP today please.**

PATIENT DETAILS	Guidance on how to use this form:
Name:	<ul style="list-style-type: none"> <li>CARE HOME STAFF to complete sections 1-3</li> <li>Do not dip stick test unless specifically requested by GP – no longer recommended for people &gt;65 yrs old</li> <li>Fax form to GP first and then call GP</li> <li>GP may request Mid-stream Urine Specimen (MSU) if possible to obtain – <b>not urine from pads</b></li> <li>Complete section 4 after GP has decided how to manage the UTI</li> </ul>
DOB:	
Care home:	
Staff member completing form:	
Date form completed:	

1- Are there any symptoms suggestive of non-urinary infection? Please circle symptoms which apply:	
Respiratory -	shortness of breath      cough or sputum production      new chest pain
Gastrointestinal -	nausea/vomiting      new abdominal pain      new onset diarrhoea
Skin/soft tissue -	new redness      warmth/swelling      appearance of pus
2- Does the patient/resident have two or more of following as <u>new</u> symptoms? Tick relevant boxes if present	
• New onset or worsening of pre-existing confusion /agitation/drowsy	<input type="checkbox"/>
• shaking chills (rigors)/ high temperature >38°C/ low temperature of <36°C	<input type="checkbox"/>
• Dysuria - (painful or difficult urination)	<input type="checkbox"/>
• Urgency - (needing to go to the toilet quickly)	<input type="checkbox"/>
• Frequency - (needing to go to urinate more often than normal)	<input type="checkbox"/>
• Urinary incontinence – (unintentional loss of urine)	<input type="checkbox"/>
• Flank or suprapubic pain – (pain in the side of the body or above the groin area)	<input type="checkbox"/>
• Haematuria (blood in the urine)	<input type="checkbox"/>
3- Is there a catheter? Yes / No	
If yes, reason for catheter:	
Date last changed:	
4- UTI Management as instructed by GP Tick relevant boxes	
Wait and review in 24 Hours	<input type="checkbox"/>
Mid-stream Urine Specimen (MSU) needed – If ≥ 2 signs/symptoms ( esp. dysuria, temp >38°C or new incontinence) or failed treatment	<input type="checkbox"/>
UTI diagnosed	<input type="checkbox"/>
Antibiotic prescribed:	Dose and frequency:      Quantity:
Additional Comments:	

**File form in the resident's notes and put a copy in the envelope/folder provided by the CCG. This will be picked up every 3 months by the care home pharmacist.**

References:

<sup>1</sup> SIGN 88 • Management of suspected bacterial urinary tract infection in adults, July 2012. [<http://www.sign.ac.uk/assets/sign88.pdf>]

<sup>2</sup> NICE Quality Standard [QS90], June 2015. [<https://www.nice.org.uk/guidance/qs90/chapter/Quality-statement-1-Diagnosing-urinary-tract-infections-in-adults-aged-65-years-and-over>]