IMPROVING UTI CARE IN LONG TERM CARE

WHAT DOES THIS MEAN TO YOU?

What Are the Symptoms of UTI?

UTI is the most frequent bacterial infection in residents of LTC facilities

In the absence of symptoms, culture and treatment with antibiotics is not indicated

LIKELY TO BE RELATED TO A SIMPLE BLADDER INFECTION (Cystitis):

- Dysuria
- Increased Urinary Frequency
- Gross Hematuria
- Suprapubic Pain
- Urinary Urgency

Potential Symptoms of a Complicated UTI

- Fever
- Flank Pain
- Rigors/Chills
- Prostatic/Scrotal Pain
- Current or Recent use of Urinary Catheter
- Hypotension
- Elevated Serum WBC

WHAT HAPPENED TO?!

- ✓ Offensive smelling urine
- ✓ Pyuria
- ✓ Mental Status Change (Delirium)
- ✓ Fever and a Positive Urine Culture
- ✓ Gross Hematuria By Itself

ASYMPTOMATIC BACTERIURIA (ASB)

Bacteriuria without symptoms

- Prevalence of ASB is 15-50% of all Residents in LTC Facilities
- Antimicrobial treatment has NO benefits
- Chronic Genitourinary Symptoms are not due to UTI, however many residents with these symptoms have positive cultures
- The absence of Pyuria is useful to exclude UTI, but presence does not mean infection
- The presence of ASB has not been shown to cause adverse outcome in LTC Residents
- Mortality rates with ASB are comparable to those without ASB

Why Not Antibiotics? Despite the evidence that ASB in LTC Residents should not be treated, it is the most frequent reason for prescribing antibiotics with much of the prescriptions used for ASB

It has been noted that up to 70% of nursing home Residents may receive at least one antibiotic agent per year

- Antibiotic Resistant Bacteria
- Adverse Drug Events
- Increased Hospitalizations
- Higher HealthCare Costs
- Clostridium Difficile Infections (C. Diff or CDI)

What Can We Do if We Don't Use Antibiotics in ASB?

- IMPROVE TEAMWORK: Lack of teamwork contributes to missed care (uncompleted nursing care activities)
- Resident Surveillance on a regular, prescribed basis by nursing
- CNAs are the front line of defense for safety and preventing infection and often the first to notice changes in a residents condition: Don't use a Dipstick and move to treatment, instead use a Triad Team approach consisting of CNA/Nurse/Provider
- Educate EVERYONE (on all shifts and new hires), including Residents and Families on the "WHY" of not utilizing antibiotics for ASB
- Develop written tools to use for Resident Council and families on admission to the facility and as the need arises (Families and Residents can play a role in overuse)

Non-use of Antibiotics in ASB Continued…..

- Contemplate changing testing policies
- Consider alternate causes of delirium (altered mental status), fever, gross hematuria, foul smelling urine, etc.
- Create an open culture where CNAs are empowered to communicate with the licensed nurse who in turn feels free to discuss concerns and EB protocols with providers (MDs, NPs, PAs)
- Use data from UTI (incidence) and patient surveillance (perhaps using frequency and types of missed care) for Quality activities
- Use the Care Plan for resident specific information needs concerning ASB

Ideas To Reduce UTI in LTC Facilities

- Reduction in Catheter use
- Avoid use of condom catheters or ensuring unobstructed drainage
- Use a clean technique for voiding managed by intermittent catheterization
- Monitor for urinary retention and bowel functioning
- Increase Fluid intake: offer 2-3 gulps water or flavored water every 30 minutes between the hours of 8am through 4pm (equals 64 oz.) Older adults are subject to dehydration and over hydration
- Offer toileting on a schedule for each resident (2-4 hours is an ex.)

More UTI Reduction Ideas….

- **Wash your hands!** Use of gowns and gloves to protect staff and residents appropriately
- Educate CNAs in the areas of UTI Risk Factors, Signs and Symptoms, Perineal and Catheter Care
- Staff roles in UTI and ASB and teaching Residents front to back method to prevent fecal soiling
- Hold staff Inservice concerning Communication and Evidence Based Practice

What Matters

"The final decision to treat, or not treat, an infection is highly individual and must always be guided by the key question: Is treatment consistent with the individual goals of this patient?"

Betty R. Ferrell. Treating Infections Near the End of Life-Medscape-Feb 03, 2020

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