

C. difficile Prevention Collaborative Antimicrobial Stewardship Workgroup

Evaluation of the Elderly for Urinary Tract Infections in the Emergency Department

Summary recommendations:

In an effort to minimize exposure of the elderly to antimicrobials, prevent treatment of asymptomatic pyuria and bacteriuria, and reduce the incidence of *C. difficile* colitis, the stewardship workgroup recommends the following for elderly patients evaluated in the Emergency Department for potential urinary tract infections (UTI):

1. Be aware that bacterial colonization and pyuria are common in the elderly. An abnormal urinalysis (presence of leukocyte esterase, positive nitrites, WBC > 5 cells, or presence of bacteria) alone is not an indication for antimicrobial therapy.
2. Patients with an abnormal urinalysis should be assessed for urinary symptoms and for SIRS criteria prior to consideration of antimicrobial treatment.

Diagnostic criteria for UTI in elderly patients	
<u>Without an indwelling catheter</u>	<u>With an indwelling catheter</u>
<ul style="list-style-type: none"> ○ Acute dysuria alone OR ○ Fever + at least one of the symptoms below (new or increased) OR ○ If no fever, at least two of the symptoms below (new or increased) <ul style="list-style-type: none"> ● Gross hematuria ● Incontinence ● Urgency ● Suprapubic pain ● Costovertebral angle (CVA) tenderness ● Frequency 	<ul style="list-style-type: none"> ○ At least one of the symptoms below (new or increased) <ul style="list-style-type: none"> ● Fever ● Pelvic discomfort ● Flank pain ● CVA tenderness ● Rigors (shaking chills) ● Delirium ● Acute hematuria
<p>The following are <u>not specific signs or symptoms</u> for UTI: Foul smelling or cloudy urine, falls or gait instability, functional decline. These findings should not prompt treatment in the absence of other clinical features of infection. Acute mental status change alone is not a criteria for UTI unless the patient has an indwelling urinary catheter¹⁻²</p>	

3. To accurately diagnose a UTI in patients with indwelling catheters, a new catheter must be placed from which a fresh urinary specimen is obtained and sent for testing.
4. If the decision is not to treat an abnormal urinalysis because the patient is asymptomatic, the Emergency Department medical staff can communicate the following to the receiving physician (inpatient, nursing home, community): *"Urinalysis is abnormal but suspicion of UTI is low based on lack of clinical symptoms. No treatment for UTI was initiated. Recommend close follow up in the next 24 hours for a change in condition and/or development of urinary tract symptoms (dysuria, frequency, urgency, hematuria, suprapubic pain or flank pain) or fever."*

References:

1. Loeb M, et al. Optimizing antibiotics in residents of nursing homes: protocol of a randomized trial. BMC Health Services Research 2002, 2:17
2. Stone ND, et al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria Infect Control Hosp Epidemiol. 2012;33 (10):965-977