Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program.
ACTIVE MONITORING
• Active monitoring is a treatment strategy that nursing homes can employ to carefully observe/assess residents with isolated non-localizing signs/symptoms, while avoiding unnecessary urine culture testing and antibiotics.
• This typically entails placing the resident on the 24-hour board, checking vitals every shift, encouraging fluid intake, and contacting the provider if localizing signs/symptoms or warning signs develop.

NO SYMPTOMS OF UTI
• Don’t test or culture urine
• Don’t treat with antibiotics if the resident doesn’t have localizing signs/symptoms or warning signs
• Don’t treat with antibiotics even if urine culture is positive

ISOLATED NON-LOCALIZING SIGNS/SYMPTOMS
• Initiate active monitoring
• Don’t test or treat with antibiotics
• Consider testing and treatment with antibiotics if resident develops localizing urinary signs and symptoms

LOCALIZING SIGNS/SYMPTOMS
• Test if symptoms are severe or not resolving during observation
• Consider need for immediate antibiotic therapy and/or transfer to higher level of care if warning signs are present

WARNING SIGNS
• Fever
• Clear-cut delirium (altered level of consciousness, disorganized thinking, psychomotor retardation)
• Rigors (shaking chills)
• Hemodynamic instability (hypotension)
• Tachycardia

LOCALIZING URINARY SIGNS/SYMPTOMS
• Acute dysuria
• New or worsening urgency
• New or worsening incontinence
• Gross hematuria
• Suprapubic pain
• Costovertebral angle pain
• New scrotal/prostate pain
• Urethral purulence

NON-LOCALIZING SIGNS/SYMPTOMS
• Behavior changes
• Functional decline
• Mental status change
• Falls
• Restlessness
• Fatigue
• “Not being her-himself”

IMPACT OF USING A UTI TOOLKIT ON RESIDENT CARE OUTCOMES

UTI Toolkit: Staff Education & Training

Recommended for Lower Risk:
• Initiate active monitoring care plan
• Do not test or treat with antibiotics unless the resident’s status changes

Recommended for Higher Risk:
• Determine if antibiotics or higher level of care should be started immediately
• Ensure resident receives the right antibiotic at the right dose for the right duration

EXPECTED OUTCOMES TO IMPROVE RESIDENT CARE

FOR LOW-RISK RESIDENTS
• Decreased number of urine tests
• Decreased number of antibiotic treatments

FOR HIGH-RISK RESIDENTS
• Decreased use of broad-spectrum antibiotics (especially fluoroquinolones)
• Decreased number of antibiotic treatment courses exceeding 7 days