**Case 2 - Localizing Signs/Symptoms w/o Warning Signs**

**Situation:** Tommy has acute onset of dysuria, urgency and frequency with no costo-vertebral or suprapubic tenderness. Urine is clear and amber.

**Resident evaluation:** He has no recent med changes or change in mental status. His oral intake is unchanged, weight is stable, follows commands and is oriented in person, place, and time. He has no shortness of breath, chest or abdominal pain and he has not vomited. Bowel sounds are normal.

**Appearance:** The resident is exhibiting localizing signs and symptoms of a localized urinary tract infection without warning signs.

**Vitals**
- **Temperature:** 98 (Oral)
- **Pulse:** 78 (apical)
- **BP:** 112/68
- **O2 Sat:** 94% RA
- **Finger stick Blood Sugar:** 166

**Background**
- **Diagnoses:** COPD, mild CHF, HTN
- **Recent antibiotics:** None
- **Allergies:** Trimeth/sulfa, Anticoagulants, Hypoglycemics, Digoxin: none
- **Code Status:** Full Code
Case Study 2 – Answer Keys
When to Test Urine – Nursing Tool
Case Study 2 – Nursing Tool Answer Key

Wisconsin Healthcare-Associated Infections in LTC Coalition

Resident Change in Condition

Complete Nursing Assessment (Box A)

Localizing Urinary S/S (Box B)

Yes

Warning Signs Present (Box D)

Consult Provider See Script 1

No

Consult Provider See Script 2

Non-localizing S/S – Nonspecific Geriatric S/S (Box C)

Warning Signs Present (Box D)

Consult Provider See Script 3

No

Consult Provider See Script 4

Observe / Monitor 24-48 hours

Better

No Urine Testing Necessary See Script 7

Worse

Consult Provider See Script 5

Consult Provider See Script 6 Monitor per Medical Director Protocol

Box A
Nursing Assessment
Complete Nursing Assessment
See Nursing Assessment on reverse side of this tool

Box B
Localizing Urinary S/S
- Acute dysuria
- New or worsening frequency
- New or worsening urgency
- New or worsening incontinence
- Gross hematuria
- Suprapubic pain
- Costalvertebral angle pain
- New scrotal / prostate pain
- Urethral purulence

Box C
Non-localizing / Non-Specific Geriatric S/S
- Behavior Changes
- Functional Decline
- Mental Status Change
- Falls
- Restlessness
- Fatigue
- "Not Being Her-Himself"

Box D
Warning Signs
- Fever
- Clear-cut Delirium
  - Altered LOC
  - Disorganized Thinking
  - Psychomotor Retardation
- Rigors (shaking chills)
- Hemodynamic Instability
  - Hypotension
  - Tachycardia
This message is to inform you of a change in condition:

**Chief Complaint**: Acute onset of dysuria, urgency and frequency starting after lunch today.

**Situation**: Tommy is complaining of acute dysuria, urgency and frequency. He has been incontinent three times today which is unusual for him. Urine is clear and amber in color. He has no costovertebral angle tenderness or suprapubic tenderness. He is not otherwise in distress.

**Vitals**: Temperature 98 (oral), Pulse 78 apical, Respirations 20 and unlabored, B/P 112/68, O2 Sat 94%.

- Finger-stick Blood Sugar: 166

**Background**
- Diagnoses: COPD, mild CHF, HTN
- Recent antibiotics: None
- Allergies: Trimeth / Sulfa
- Anticoagulants, Hypoglycemic, Digoxin: None
- Code Status: Full code

**Resident evaluation**: He’s had no recent medication changes. He has no change in mental status and is oriented to person, place and time and follows commands. He is independent with ADLs. He’s eating and drinking and is on a 1400 cc 24 hr. fluid restriction and took in 1400 ccs in the last 24 hours. His weight is stable. There is no shortness of breath, chest or abdominal pain and he is not vomiting. Bowel sounds are active in all quadrants.

**Appearance**: This resident is exhibiting localizing symptoms suggesting the need to obtain a urinalysis.

---

**Review/Notify**: According to our understanding of best practices and our facility protocols, the information is sufficient to indicate an active urinary tract infection. We request permission to obtain a urinalysis, continue to encourage fluids within resident’s fluid restriction guidelines and continue to observe. This resident does NOT need an immediate prescription for an antibiotic, but may need further evaluation and treatment. We will update MD with lab results.