**Urinary Tract Infection (UTI) Assessment Form for all Patients
with and without urinary catheters in situ (to be completed for each patient with a suspected UTI)**

Patient………………………………………………………………………….

NHS No………………………………………………………………….........

Ward/Team…………………………………………………………………..

Date……………………………………………………………………………….

Diagnosis of a UTI must always involve assessing for clinical signs and symptoms of a UTI.

* **NEVER** dipstick catheter specimens of urine for suspected UTI
* **DO NOT** perform urine dipstick on patients aged 65yrs or older for suspected UTI
* If the urine is clear UTI is very unlikely
* Consider sending a urine specimen if more than 2 signs/symptoms of urinary tract infection are present
* Complete microbiology form with clinical signs and symptom

Course of action ………………………………………………………………………………………………..

Antibiotic Prescribed ………………………………………………………………………………………….

Clinical Reason …………………………………………………………………………………………………..

Urinary catheter Yes 🞏 or No 🞏 Short 🞏 or long term? 🞏 Reason for catheter : …….…………………………………………………………………………………..

|  |  |
| --- | --- |
| **Record of observations** | **Tick if present** |
| Temperature more than 38C or below 36C or shaking chills (rigors), clammy skin in past 24 hours |  |
|
| Heart rate less than 50 beats/min |  |
| Respiratory rate more than 20 breaths/min |  |
| Capillary Blood Glucose more than 7.7mmols in absence of diabetes |  |
| Bloods taken to check White Cell Count (WCC) & C-Reactive Protein (CRP)  |  |
| Increased falls |  |
| NEWS2 Score |  |
| Has a urine sample been sent? |  |

GP notified: Yes or No GP/NMP Action Taken………………….……………………………………

Name of Nurse ……………….………………………………………………………………………………………..

Signature………………….……………………………………………………………………………………………….

|  |  |
| --- | --- |
| **Signs and Symptoms of Urinary Tract Infection (UTI)** | **Tick if present** |
| Pain on urinating |  |
| Need to pass urine urgently/new incontinence |  |
| Need to urinate more often than usual |  |
| Pain in lower tummy/above pubic area |  |
| Blood in urine |  |
| Passing smaller/ bigger volumes of urine than usual |  |
| Lower back pain |  |
| Offensive smelling urine |  |
| Discoloured/cloudy urine |  |
| New onset or worsening behaviour, confusion or agitation (discuss with family and carers) |  |

|  |  |
| --- | --- |
| **Signs and symptoms of any other infection** | **Tick if present** |
| Cough |  |
| Shortness of breath |  |
| Sputum production |  |
| Nausea/vomiting |  |
| Diarrhoea |  |
| Abdominal pain |  |
| Red/warm/swollen area of skin |  |