**Diagnosing UTI in the over 65s**

**Ditch The**

**Dipstick**

**To diagnose UTI in patients > 65 years**

**First Think Sepsis— follow** [**NICE guidance**](https://www.nice.org.uk/guidance/NG51)**.**

**Then check for all new signs/symptom of UTI.**

**Suspect UTI if:**

🩲 New onset dysuria alone

**Or**

Any two from the following criteria

🩲 History / presence of fever or rigors

🩲 New frequency or urgency

🩲 New incontinence

🩲 New onset confusion / worsening debility

🩲 New suprapubic or flank pain

🩲 Visible haematuria

**Do not use urine dipsticks in patients**

**> 65 years old or with catheters**

Urine dipsticks are unreliable in diagnosing UTI in over 65s and patients with catheters. 50% of over 65s & almost all catheters have bacteria present in the bladder/urine without an infection. This is “asymptomatic bacteriuria” and does not need treating with antibiotics. Using urine dipsticks inthese patient groups can lead to harm through unnecessary antibiotic use & missed alternative diagnoses.

Do the right thing… ditch the dipstick

in over 65s !

* Only treat based on documented clinical signs and symptoms.
* Send an MSU for culture **before** commencing antibiotics.
* See [NY Antimicrobial guidelines](https://www.harrogateandruraldistrictccg.nhs.uk/antimicrobials-prescribing/) for antibiotic choice and duration.

Also consider UTI in older patients with pyrexia or hypothermia, checking the FBC, (and CRP, only if near patient testing available)

**New onset confusion does not always mean infection and where the CRP is < 50 is unlikely to be due to infection. Consider other causes such as dehydration, constipation, medicines etc.**