

Prescribing tip for information

Suspecting a lower UTI in patients over 65 years?



Do not diagnose lower UTI from a positive urine dipstick in the over 65 age group

Do not perform urine dipsticks: Urine dipsticks become less reliable with increasing age. Up to half of older adults, and most with a urinary catheter, will have bacteria present in the bladder/urine without an infection. This “asymptomatic bacteriuria” is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial and may cause harm ⁽¹⁾

- 1. Think Sepsis.** **Check** for signs or symptoms using a national tool such as [NICE: SEPSIS](#) ⁽¹⁾ Arrange urgent referral to secondary care if there are any features of serious or systemic illness. ⁽²⁾
- 2. Exclude Pyelonephritis:** **Check** for any signs or symptoms of pyelonephritis. Refer urgently to secondary care if signs or symptoms of serious illness or condition ⁽¹⁾
- 3. Check:** all patients for NEW URINARY clinical signs or symptoms once sepsis and pyelonephritis has been ruled out. ⁽¹⁾
- 4. Send urine for culture:** as an infection due to a resistant organism is more likely in older adults. Review any treatment with the culture result. ⁽¹⁾
- 5. Treatment choice** and duration should be as per local [Antimicrobial Prescribing Guidelines for Primary Care](#)

Follow the clinical guidelines from PHE: [Quick reference guide for primary care](#) for full details on diagnosis and management of lower UTI

References:

1. Diagnosis of urinary tract infections: Quick reference tool for primary care for consultation and local adaptation. PHE April 2019
2. NICE Clinical Knowledge Summary. Urinary tract infection (lower) – women. January 2019

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