



IMAGINE

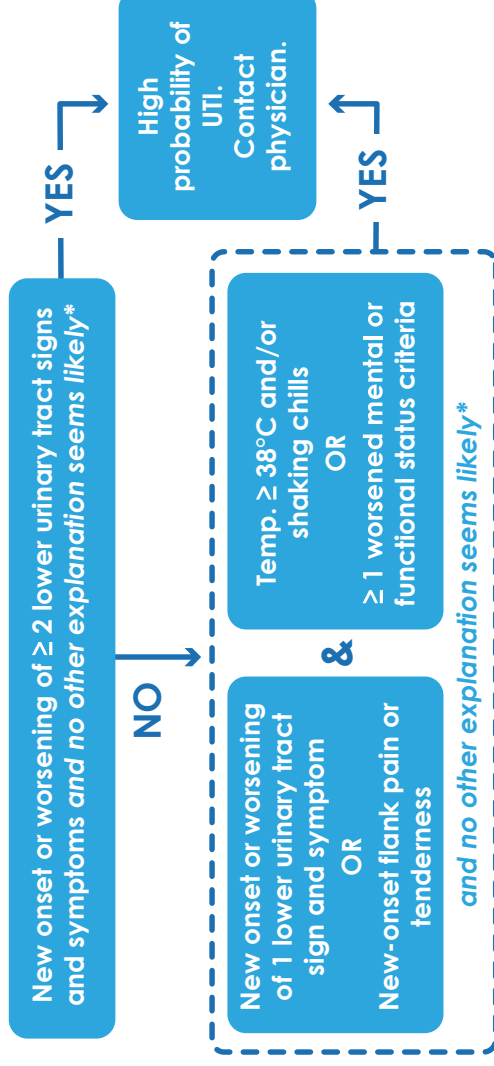
**Criteria for
urinary tract infections
in older people**



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UTI in residents WITHOUT indwelling catheter



*If other reasons for the respective signs and symptoms can be excluded, particularly urinary retention, dehydration, side effects of medication, other infectious foci, or other diseases.

UTI in residents WITH indwelling catheter*

New onset or worsening of ≥ 1 criterion (and no other explanation seems likely**)

- Temperature $\geq 38^{\circ}\text{C}$
- Shaking chills
- Flank pain or renal angle tenderness
- Clear-cut worsened mental of functional status

YES ↓

High probability of UTI.
Contact physician.

**Residents with an intermittent catheter or a condom catheter should be evaluated as if they are not catheterised.*

***If other reasons for the respective signs and symptoms can be excluded, particularly urinary retention, dehydration, side effects of medication, other infectious foci, or other diseases.*

Lower urinary tract signs and symptoms	Worsened mental or functional status
Dysuria	Acute confusion
Frequency	Acutely changed behaviour (delirium, agitation, apathy)
Urgency	Acute general malaise
Incontinence	Loss of appetite (also vomiting, nausea)
Suprapubic pain or low abdominal pain	Reduced fluid intake
Pain, swelling or tenderness of the testes, epididymis, or prostate	

Please remember:

- Do NOT rely on dipsticks to determine if a resident is suspected of having a UTI.
- Characteristics of the urine, such as darker colour, gross haematuria and/or bad odour are NOT signs of a UTI.

