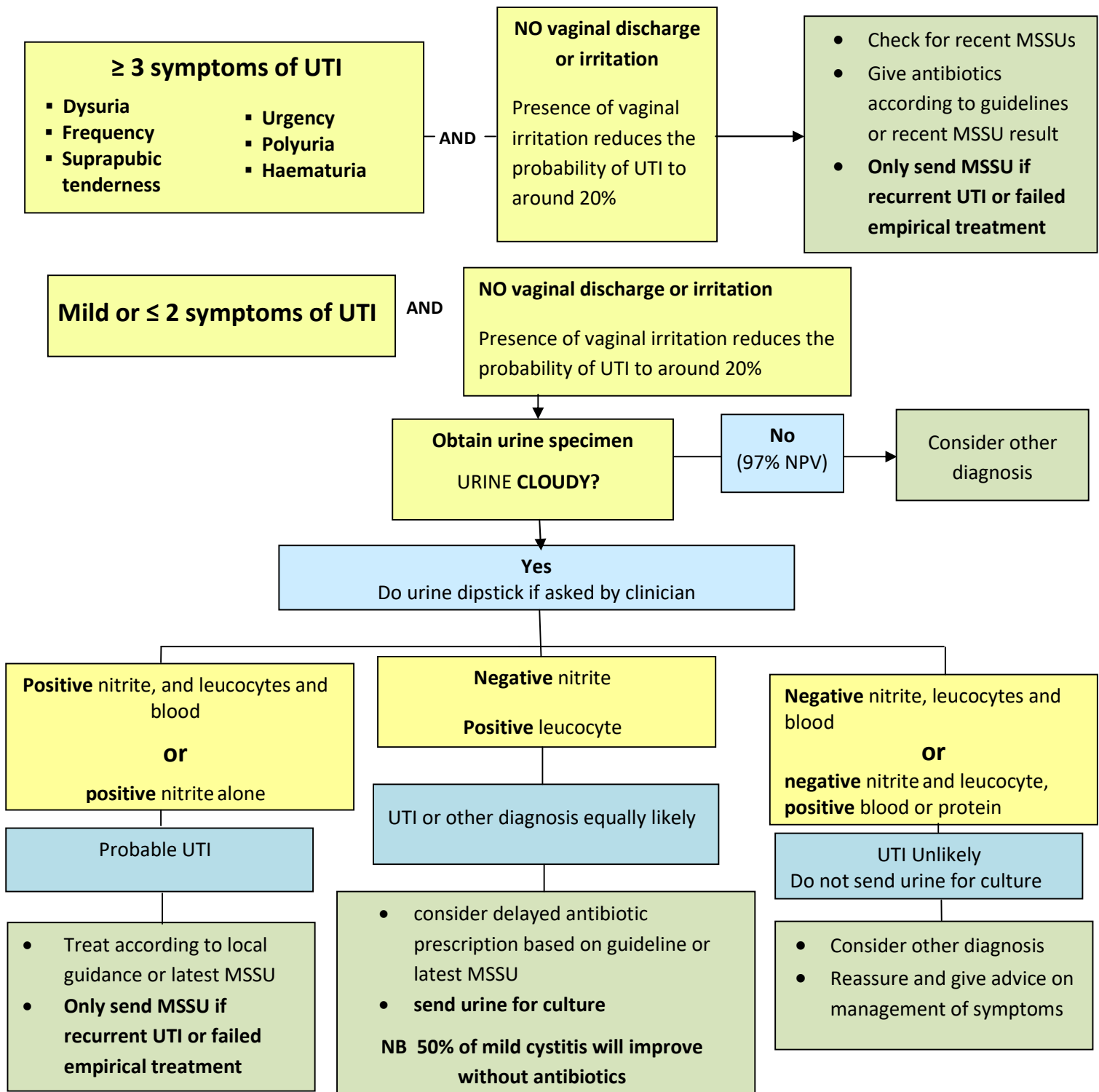


Adults Aged <65 WITHOUT urinary catheter

If patient has signs/symptoms of sepsis or pyelonephritis, follow appropriate guidelines. Always send a urine for culture in cases of likely urosepsis or pyelonephritis.

Non-Pregnant women - Do not routinely culture.



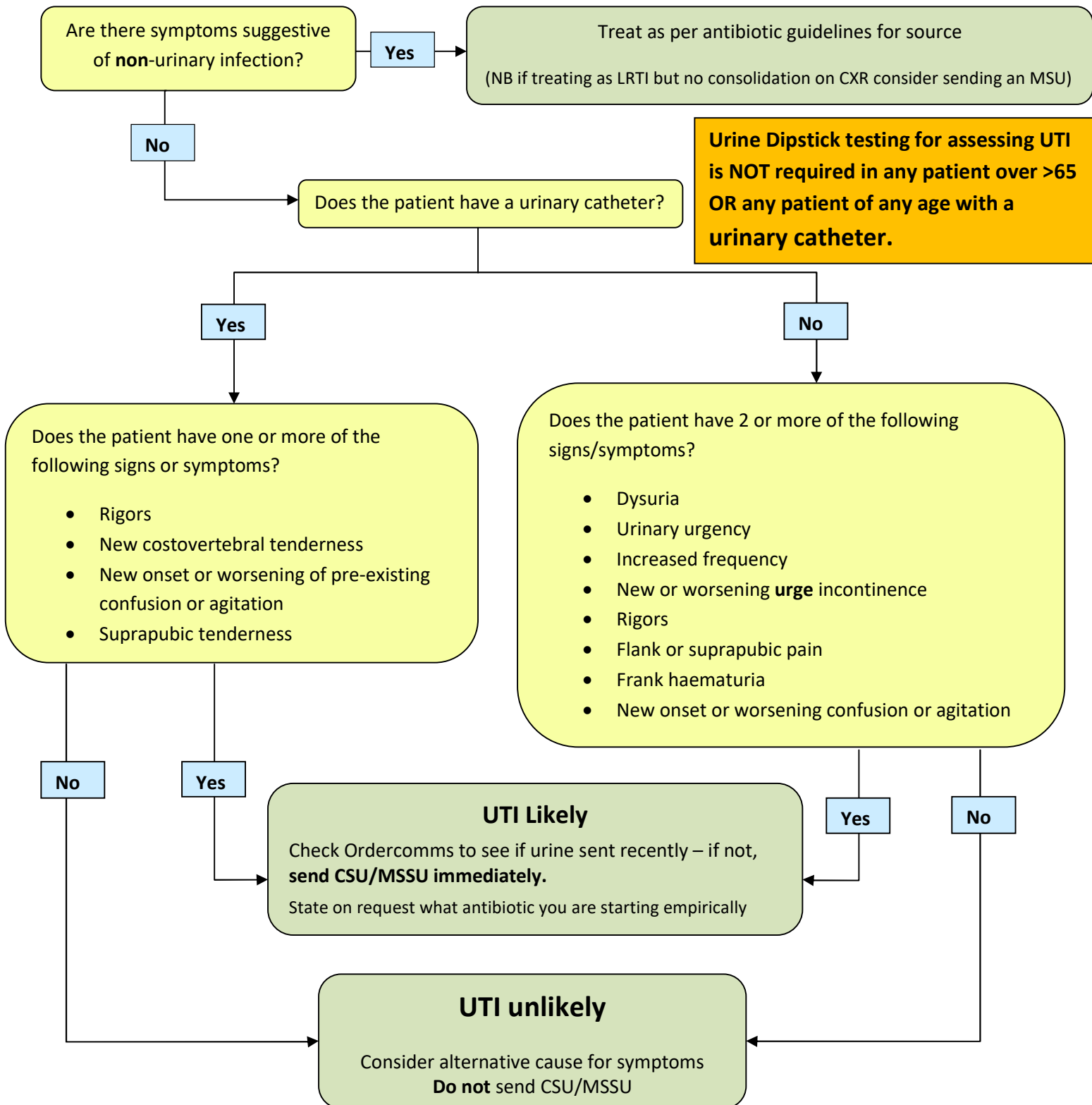
Men aged <65

- **Send MSU in all** patients with symptoms of upper or lower UTI. A urine dip should not be used to diagnose UTI in male patients
- Treat as per antibiotic guidelines or review latest urine results to guide choice.

Clinicians: consider Chlamydia trachomatis and N gonorrhoeae in sexually active patients of any age or gender.

Patients Aged ≥65 or Catheterised

If patient has signs/symptoms of **sepsis** or **pyelonephritis**, follow **appropriate guidelines**. Always **send a urine for culture** in cases of likely **urosepsis** or **pyelonephritis**.



- **Dipsticks are not used to diagnose UTI in patients over 65. Do not** send urine for culture in **asymptomatic** elderly with positive dipsticks
- **Smelly urine** is **not useful** in the diagnosis of UTI
- **Stress incontinence** does **not** indicate a UTI
- Increasing falls in the elderly does not indicate UTI unless there is other evidence for urinary infection

References

SIGN 88: Management of suspected bacterial urinary tract infection in adults.
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Decision aid for diagnosis and management of suspected urinary tract infection (UTI) in older people. Scottish Antimicrobial Prescribing Group. Jan 2016

https://www.scottishmedicines.org.uk/files/sapg1/SAPG_Decision_aid_for_UTI_in_older_people.pdf