



Preventing Urinary Tract Infections (UTIs) in Skilled Nursing Facilities (SNFs) Part II

Health Services Advisory Group (HSAG)

Your Speakers



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Objectives

- Describe the risk of healthcare-associated UTIs in SNFs.
- Review the evidence-based clinical practices shown to prevent UTIs and catheter-associated UTIs (CAUTIs).
- Discuss strategies to reduce healthcare-associated UTIs.
- Discuss treatment of UTI.

Observing Possible Symptoms

- Flank pain/tenderness
 - Facial grimaces
 - Moans or cries
 - Massages lower back kidney area
- Restlessness, shaking/chills
- Fever
 - $>100^{\circ}\text{F}$ ($>37.8^{\circ}\text{C}$)
 - $>2^{\circ}\text{F}$ (1.1°C) increase above baseline
- Hypotension
 - Significant change in baseline BP or a systolic BP <90



Observing Possible Symptoms (cont.)

- Acute dysuria (painful urination)
- Urinary frequency
- Urinary urgency
- New urinary incontinence
- Gross hematuria
- Change in mental status
 - Altered mental status independent of other symptoms is not an indication to send a urine culture
- Change in intake or output





Risk Factors for UTI



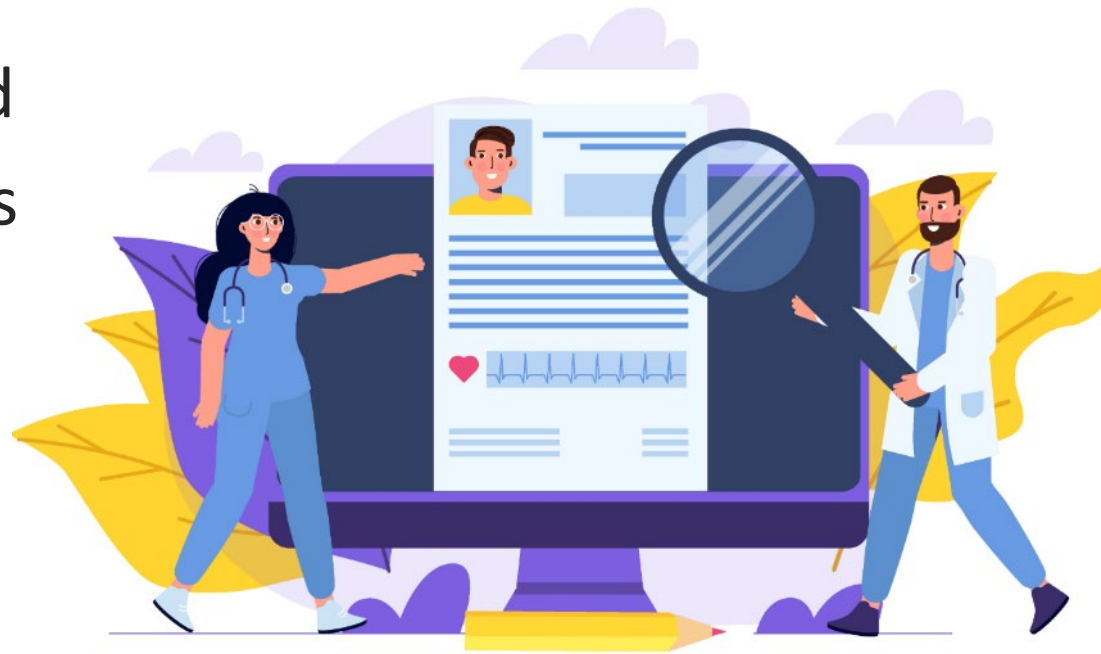
LTC Residents at Risk



- LTC residents at high risk for developing a UTI
- Challenges with activities of daily living (ADLs)
 - Mobility challenges
 - Chronic conditions
 - Cognitive deterioration

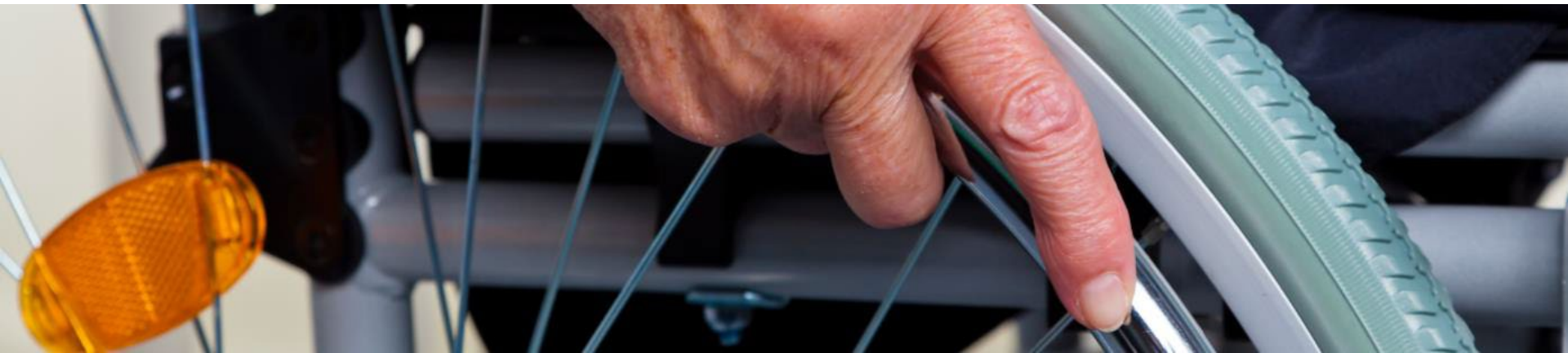
Risk Factors—Co-Morbidities

- Diabetes
- Heart disease
- Renal disease
- Immunocompromised
- Dementia/Alzheimer's
- History of UTIs



Risk Factors—Aging Related

- Age-related changes to genitourinary tract
- Neurogenic bladder
- Bladder and bowel incontinence
- Mobility issues
- Poor intake; fluids



Complications of UTIs

- Persistent/chronic UTIs
- Chronic urinary incontinence
- Urinary calculi
- Pyelonephritis
- Renal abscess
- Chronic prostatitis
- Prostatic abscess
- Renal failure
- Functional decline
- Sepsis
- Hospitalization
- Death





Preventing UTIs



General Prevention Strategies

- Frequent and consistent hand hygiene
 - Staff and residents
 - Before and after toileting
- Purposeful rounding
 - Offer toileting
- Frequent changing of incontinent pads
 - Avoid prolonged exposure to soiled pads
- Proper perineal care
 - Morning and HS (bedtime)
- Encourage fluids (unless restriction)
 - Water within reach
 - Avoid caffeine





Treatment of UTIs



Common UTI Myths

Myth 1: Urine is cloudy and smells bad → UTI

Myth 2: Urine has bacteria → UTI

Myth 3: urine has a positive leukocyte esterase (for WBCs) → UTI

Myth 4: Urine contains WBCs → UTI

Myth 5: Urine has nitrates (for bacteria) → UTI

Myth 6: Bacteria in a catheterized urine sample → UTI

Myth 7: Asymptomatic bacteriuria will progress to a UTI

Myth 8: Falls and acute altered mental status change → UTI



Treatment Decisions for UTIs

- Avoid culturing urine of asymptomatic persons unless other signs and symptoms are present
 - Cultures are not needed for cloudy or foul-smelling urine unless symptomatic
- **Avoid antibiotics for asymptomatic bacteriuria**
- Symptoms that suggest culture of urine and treatment is indicated
 - Fever
 - Pain (costovertebral angle, suprapubic)
 - Hematuria
 - For non-catheterized residents:
 - Dysuria, urgency, and frequency



Key Take-Aways

- A UTI in nursing home residents can be a serious, but it is a preventable condition.
- If left untreated, a UTI can progress to urosepsis.
 - High morality rate
- It is critical to recognize and act upon the symptoms associated with UTI.



Questions?



Thank you!

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