URINARY TRACT INFECTION

Before Calling MD/NP/PA:
☐ Evaluate the resident and complete the SBAR form (use “N/A” for not applicable)
☐ Check VS: BP, pulse, respiratory rate, temperature, pulse ox, and/or finger stick glucose if indicated
☐ Review chart: History of UTI, diabetes, indwelling urinary catheter
☐ Have relevant information available when reporting (i.e. resident chart, vital signs, advanced directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION
The symptom/signs of possible UTI I am calling about are:
☐ Fever (increase of > 2° F; rectal temp > 100°F)
☐ New or increased burning, pain or urination, frequency or urgency
☐ New flank or suprapubic pain/tenderness
☐ Change in character of urine (new bloody urine, foul smell or amount of sediment) or lab report of + result (nitrite +, pyuria, microhematuria)
☐ Worsening of mental or functional status (confusion, lethargy, unexplained falls, recent onset of incontinence, decreased activity or appetite)

If resident has indwelling urinary catheter:
☐ Fever or chills
☐ New flank pain or suprapubic tenderness
☐ Change in character of urine
☐ Worsening of mental status or function

BACKGROUND
☐ Primary diagnosis and/or reason resident is at the nursing home: ____________________________________________________________
☐ Vital Signs: BP__/____ HR_______ RR_________ Temp__________
☐ Pulse Oximetry__% on RA_________ on 02 at_L/min via_________(NC, mask)
☐ Mental status changes (e.g. confusion/agitation/lethargy)
☐ GI/GU changes (circle) (e.g. nausea/vomiting/diarrhea/impaction/distension/decreased urinary output/other)
☐ Change in intake/hydration________________________________________
☐ WBC:________________________________________
☐ Advance directives (circle) (Full code, DNR, DNI, DNH, other, not documented)
☐ Allergies:_______________________________Any Other Data:_______________________________

ASSESSMENT (RN) OR APPEARANCE (LPN)

FOR RN
☐ Resident has UTI (3-5 background symptoms)
☐ Resident has possible UTI (1-2 symptoms)

For Indwelling Catheter
☐ Resident has UTI (2-4 symptoms)
☐ Resident has possible UTI (1 symptom)

FOR LPN
☐ Resident appears to have new symptoms of concern

REQUEST
I suggest or request:
☐ Urine C&S
☐ Monitor symptoms
☐ Provider visit
☐ Transfer to hospital
☐ Antibiotic
☐ IV or SC fluids
☐ Other:

Staff name:____________________________________________________________________RN/LPN

Reported to:_________________________(MD/NP/PA) Date_____________ Time___________am/pm
If to MD/NP/PA, communicated by: ☐ Phone ☐ In Person

Resident Name:__________________________

(Complete a progress note on the back of this form) * Adapted from INTERACT®