What are the symptoms of a urinary tract infection?

The most common symptoms are pain or burning with urination, lower abdominal pain, or fever. Sometimes, people may have back pain, increased frequency of urination or increased urgency in needing to urinate.

How is a urinary tract infection diagnosed?

Diagnosing a urinary tract infection starts with symptoms that a patient is experiencing which include pain or burning with urination, increased frequency of urination, new abdominal or back pain or tenderness, fever, or an elevated white blood cell count. When one or more of these are occurring, then a urinalysis and culture are indicated. It is important that the urine is collected in an appropriate manner so as to avoid collecting bacteria that are living on the skin rather than those that may be causing the infection.

My resident is confused, why won’t the doctor order a urinalysis?

It has been common practice to blame the urine for any change or behavioral concern in an older adult. However, research has shown that over 50% of patients in a nursing home will grow bacteria in their urine even when they are not sick or showing any signs of a change. There are many causes of confusion and assuming that confusion is always related to a urinary tract infection means that we will miss many other causes for that confusion including dehydration, depression, medication side effects, sleep deprivation, constipation, and others. When a resident is confused, it is best to do a full assessment and make sure all needs are being met. If you find symptoms of a UTI as outlined above, then checking a urine would be appropriate but if not, keep monitoring the patient for what else could be going on.
What is the usual treatment for a urinary tract infection?

If the provider has determined the resident has a urinary tract infection, they will most likely prescribe antibiotics. The specific antibiotic used will depend on a number of factors including the severity of the infection, the culture results, and the resident’s allergies.

The culture was positive, why were antibiotics not prescribed?

Over 50% of nursing home residents will have bacteria in their urine without any symptoms at all. Trying to get rid of that bacteria does not help the patient nor reduce their risk for later developing an infection but it does increase their risk of developing a resistant bacteria that is then more difficult to treat when they do have an infection. Unnecessary antibiotics also increase the risk of adverse effects of antibiotics like diarrhea and rash.

My resident’s urine is dark, odorous, or cloudy. Does that mean she/he has a UTI?

Probably not. There are many things that change the color, clarity, and smell of urine including their food and fluid intake. If the urine character has changed, it is best to make sure that the person is drinking enough fluid and staying hydrated while also watching for any other changes that would suggest a urinary tract infection such as pain or burning with urination, increased frequency of urination, abdominal pain, new back pain, or fever.

What can I do to help prevent a resident from getting another urinary tract infection?

The most important thing to help prevent urinary tract infections are for a resident to stay hydrated. It is also important to practice good hygiene and perineal care for residents with incontinence. Talk with your supervisor or the resident’s provider if you have any questions about appropriate techniques for perineal care. Even despite the best care, however, urinary tract infections still may occur.