

URINE TESTING PROFORMA FOR SUSPECTED URINARY TRACT INFECTION
IN BOTH WOMEN AND MEN OVER 16 YEARS OF AGE or CATHETERISED PATIENTS

Name: _____ D.O.B: _____ Tel No: _____

Do you have a catheter YES / NO Do you have any allergies YES / NO

Are you/could you be pregnant YES / NO Do you have chronic kidney disease YES / NO

Are you fed by feeding tube YES / NO

WHY ARE YOU HANDING IN A URINE SAMPLE FOR TESTING?

Annual review YES / NO GP/NP request YES/NO name _____

Suspected Urine Infection YES/ NO

Please circle the correct response if any of the following symptoms:

1	Pain/difficulty passing urine	YES / NO
2	Passing urine frequently	YES / NO
3	Urgent need to pass urine	YES / NO
4	Needing to pass urine a night more frequently	YES / NO
5	New incontinence	YES / NO
6	Blood in urine	YES / NO - if yes require triage appointment
7	Lower abdominal pain	YES / NO
8	High temperature	YES / NO
9	Nausea or vomiting	YES / NO
10	A recorded temperature on 2 or more occasions	YES / NO
11	New malaise (generally feeling unwell)	YES / NO
12	New lethargy (feeling tired)	YES / NO
13	New confusion	YES / NO

How long have you had these symptoms? _____

Have you received antibiotic treatment for these symptoms in the past 6 months YES / NO

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Name: _____

D.O.B: _____

Step 1 (HCA or nurse to complete)

If one or more symptoms 8-9 present in either gender, it suggests an upper UTI and a GP review is required.

In females aged 16-65, if 3 or more symptoms 1-7 present ->treat as UTI do not dipstick urine. Only send MSU if symptoms persist despite antibiotics.

In males aged >16, if 2 or more symptoms 1-7 present ->send urine for culture and treat as UTI

In females aged >65, if 2 or more symptoms 1-7 present ->send urine for culture and treat as UTI

If catheterised, if 2 or more symptoms 10-13 present, with or without associated pain ->send CSU for culture, treat as CAUTI and replace catheter within 48hr of starting antibiotics

In females aged 16-65, if mild or \leq two symptoms 1-7 present **AND** the urine is cloudy, dipstick the urine. If urine translucent (can read typed print through the sample) UTI is unlikely and patient should be asked to make an appointment if symptoms not settling.

Results of dipstick test (circle appropriate response)

Nitrates	POSITIVE / NEGATIVE
Leukocytes	POSITIVE / NEGATIVE

+ve nitrate

Prescription will be provided

-ve nitrates & +ve for leukocytes

Send for culture. Treat if severe symptoms or delayed prescription

-ve for both nitrates and leukocytes

Advise triage appointment if symptomatic

All urine samples for culture **MUST** be sent in boric acid tube

The culture request **MUST** list the symptoms, and dipstick result if urine cloudy

Outcome (tick action taken):

- ☐ Prescription indicated
- ☐ Urine culture sent
- ☐ No evidence for infection

Step 2 (ANP or GP)

Please tick relevant outcome below, sign and pass to admin staff to inform patient and scan to docman

- ☐ Prescription issued
- ☐ Urine culture sent and prescription issued
- ☐ Urine culture sent and treatment will be decided based on result
- ☐ Advised patient no sign of UTI and to make appt if symptoms not settling
- ☐ Advised patient they need to make routine appt with GP
- ☐ Advised they need urgent appt with GP

Signed: _____ Date: _____

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