Urinary signs/symptoms, abnormal temperature, non-specific signs of infection

Do not perform urine dipsticks
- Dipsticks become more unreliable with increasing age over 65 years. Up to half of older adults, and most with a urinary catheter, will have bacteria present in the bladder/urine without an infection. This ‘asymptomatic bacteriuria’ is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial and may cause harm.

THINK SEPSIS—check for signs/symptoms using local or national tool
- Such as NICE, RCGP, or NEWS2

CHECK for signs/symptoms of pyelonephritis
- kidney pain/tenderness in back, under ribs
- new/different myalgia, flu-like illness
- nausea/vomiting
- shaking chills (rigors) or temperature over 37.9°C or 36°C or below

If fever and delirium/debility only: consider other causes before treating for UTI* (see box below)

If urinary catheter: also check for catheter blockage and consider catheter removal or replacement

Consider genitourinary syndrome of menopause (vulvovaginal atrophy), urethritis, sexually transmitted infections, and prostatitis

Check for other causes of delirium if relevant (PINCH ME)
- P: Pain
- I: other Infection
- N: poor Nutrition
- C: Constipation
- H: poor Hydration
- M: other Medication
- E: Environment change

Consider other local/national resources for delirium management
- Give safety-netting advice about consulting if:
  - worsening symptoms
  - no improvement 48 hours after starting antibiotics
  - signs of pyelonephritis
  - any symptom/sign of sepsis

Check all for other localised symptoms/signs
- Two or more symptoms or signs of:
  - respiratory tract infection
  - gastrointestinal tract infection
  - skin and soft tissue infection

Advise ‘watchful waiting’ with further investigation for other causes

Consider sepsis or pyelonephritis
- if urinary catheter: consider changing or removing as soon as possible
- send urine for culture before antibiotics
- immediately start antibiotic/management for upper UTI/sepsis using NICE/PHE guideline on pyelonephritis: antimicrobial prescribing or local/national guidelines for sepsis, and considering resistance risk
- refer if signs/symptoms of serious illness or condition

UTI likely: share self-care and safety-netting advice using TARGET UTI leaflet
- always send urine culture if feasible before starting antibiotics, as greater resistance in older adults
- if mild symptoms consider back-up antibiotics in women without catheters and low risk of complications
- offer immediate antibiotics using NICE/PHE guideline on lower or catheter associated UTI: antimicrobial prescribing
- review antibiotic choice and culture result

If indwelling urinary catheter for over 7 days
- consider changing (if possible remove) catheter as soon as possible, but do not delay antibiotics. Obtain a urine sample before antibiotics are taken

Follow local diagnostic and treatment guidance

If worsening signs or symptoms consider:
- admission or start/change antibiotic

Key:  Suspected sepsis alert | UTI symptom | Action advised | Other advice

UTI=urinary tract infection; RCGP=Royal College of General Practitioners; NEWS2=National Early Warning Score 2; PHE=Public Health England; RBC=Red blood cells; TARGET=Treat Antibiotics Responsibly, Guidance, Education, Tools; MSU=mid-stream urine; NICE=National Institute for Health and Care Excellence