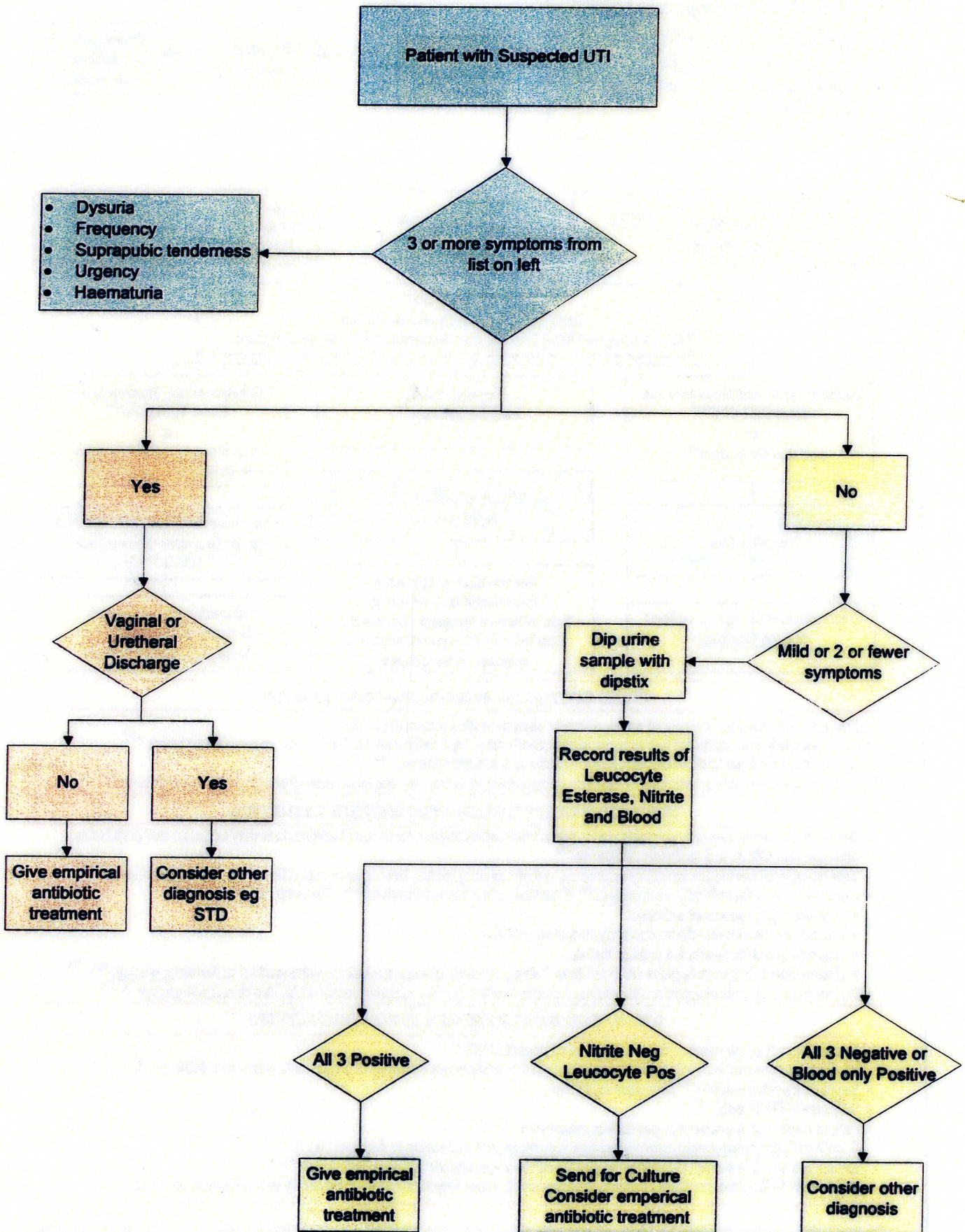
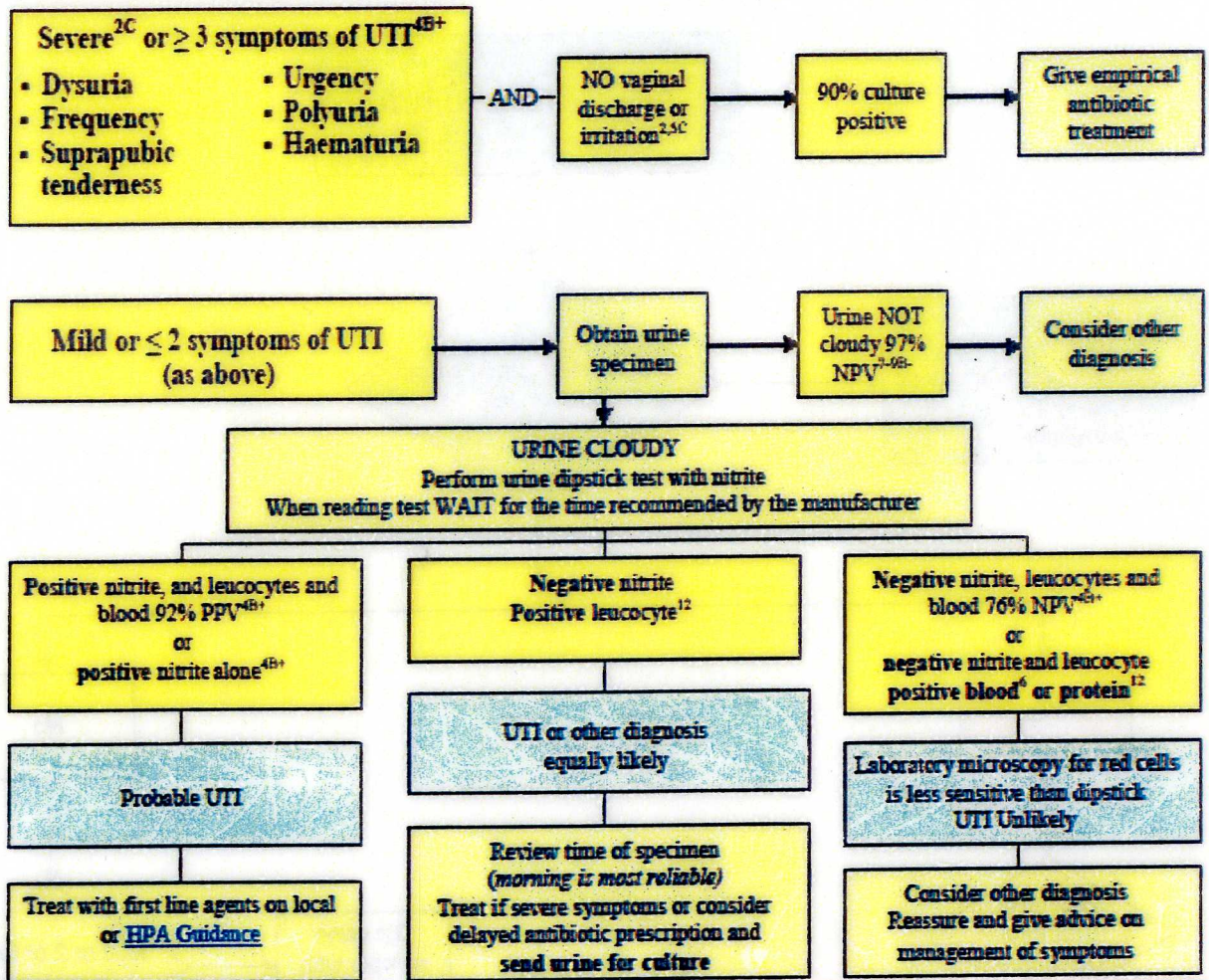


Diagnosis of UTI Decision Flowchart



URINARY SYMPTOMS IN ADULT WOMEN <65 DO NOT CULTURE ROUTINELY^{1,4}
 In sexually active young men and women with urinary symptoms consider *Chlamydia trachomatis*^c



URINE CULTURE IN WOMEN AND MEN > 65 YEARS

- Do not send urine for culture in asymptomatic elderly with positive dipsticks
- Only send urine for culture if two or more signs of infection, especially dysuria, fever > 38° or new incontinence.^{4,5C}
- Do not treat asymptomatic bacteriuria in the elderly as it is very common.^{1B+}
- Treating does not reduce mortality or prevent symptomatic episodes, but increases side effects & antibiotic resistance.^{2,3B+}

URINE CULTURE IN WOMEN AND MEN WITH CATHETERS

- Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common and antibiotics increase side effects and antibiotic resistance.^{1B+}
- Treatment does not reduce mortality or prevent symptomatic episodes, but increase side effects & antibiotic resistance.^{2,3B+}
- Only send urine for culture in catheterised^{1B+} if features of systemic infection.^{1,5,6C} However, always:
 - Exclude other sources of infection.^{1C}
 - Check that the catheter drains correctly and is not blocked.
 - Consider need for continued catheterisation.
 - If the catheter has been in place for more than 7 days, consider changing it before/when starting antibiotic treatment.^{1,6C, 9B+}
- Do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change.^{9,10B+}

WHEN ELSE SHOULD I SEND A URINE FOR CULTURE?

- **Pregnancy:** If symptomatic, for investigation of possible UTI.^{1B+}
 In all at 1st antenatal visit - as asymptomatic bacteriuria is associated with pyelonephritis & premature delivery.^{1, 1B+}
- Suspected pyelonephritis:^{3C} (loin pain and fever).
- Suspected UTI in men.^{1,4C}
- Failed antibiotic treatment or persistent symptoms.^{3A+, 6B-}
E. coli with Extended-spectrum Beta-lactamase enzymes are increasing in the community.
 ESBLs are multi-resistant but usually remain sensitive to nitrofurantoin or fosfomycin.^{7,8B+, 9A+}
- Recurrent UTI, abnormalities of genitourinary tract, renal impairment — more likely to have a resistant strain.