SBAR COMMUNICATION TOOL
for SUSPECTED URINARY TRACT INFECTION

BEFORE CALLING THE PHYSICIAN

1. **Assess the resident**
   2. Know the diagnosis, symptoms and any relevant history
   3. Have the chart, completed Urinary Flow Sheet, recent lab reports and progress notes on hand

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<th>SITUATION</th>
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| - I'm calling about <resident's name and location>
| - I'm concerned the resident may have a Urinary Tract Infection |

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<th>BACKGROUND</th>
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| - The resident has been with us since:
| - Their admitting and subsequent diagnosis include:
| - If symptoms are atypical, have fluids been pushed for 24 hours
| - Medications the resident is currently on
| - Has the resident been treated previously for a urinary tract infection; what was the organism, what antibiotic was previously administered |

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<th>ASSESSMENT</th>
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| - Vital signs: does the resident have a fever/
| - Does the resident have hematuria, dysuria, frequency, urgency?
| - Does the resident have flank or suprapubic pain/tenderness?
| - Does resident have delirium, change in mental status?
| - If the resident has atypical symptoms have other causes been ruled out (eq. dehydration)?
| - Was a urinalysis and culture obtained, what are the results? What dose Bugs & Drugs recommend?
| - Is the resident unstable/deteriorating?
| - If the call is due to the fact the lab report indicates the organism is not susceptible to the antibiotic prescribed:
  | - What does the lab report indicate is susceptible
  | - What does Bugs & Drugs recommend |

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<th>RECOMMENDATION</th>
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| - I suggest:
  | - Antibiotics
  | - Come to see the resident as the resident condition is deteriorated
  | - Tests needed:
| - Does the antibiotic need to be changed?:
| - If the resident does not improve when should I call back?

BEFORE the call is ended: repeat the order back to the physician (action/antibiotic if ordered: route/dose/duration of therapy).


Document actions in the Progress Notes.
THE GOOD SAMARITAN SOCIETY
PROCESS MANUAL

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URINARY TRACT INFECTION FLOW CHART

TYPICAL SYMPTOMS
- Fever > 38 degrees C. of chills
- Hematuria, dysuria, frequency, urgency
  (These are lower urinary tract symptoms, which may not be
  apparent in catheterized individuals)
- New flank or Suprapubic pain/tenderness

ATYPICAL SYMPTOMS
- Worsening of functional/intestinal status
- New onset or exacerbation of urinary incontinence

PUSH FLUIDS
- May not be applicable to residents with fluid restrictions
  * Reassess previous noted symptoms in 24 hours

IF TYPICAL symptoms develop

* Send Culture for C&S
  * Contact Physician
  * Consider treatment if indicated as per
    "Bugs&Drugs 2006" recommendations

IF ATYPICAL symptoms persist
* assess for other underlying conditions

IF ATYPICAL symptoms resolve: DO NOTHING

PRACTICE POINTS

1. Routine Screening for UTIs is NOT recommended.
2. A change in urine color, characteristics, or odor ARE NOT an indication for C&S.
3. Bacteruria is very common in the elderly; most cases are Asymptomatic and ARE NOT related to UTI.
4. In the elderly, fever of 1.1 degree above baseline temperature may be significant.
5. Multiple organisms usually indicate contamination. However, up to 30% of UTIs in the elderly catheterized individual may involve > 2 organisms. CLINICAL CORRELATION is necessary.

UTI Flow Chart adopted from Capital Health

Bugs & Drugs Blondel-Hill, Fryters 2006 Capital Health