OBTAINING A URINE SAMPLE

Residents **with** Urinary Catheters: Sampling & Changing

For Nursing Residents:

- Registered Nurse only to take catheter urine sample via the sampling port, using aseptic non-touch technique, in line with infection prevention guidelines.
- If antibiotics are commenced for a urinary tract infection, catheter change should be performed by a Registered Nurse about 3 days after the antibiotic is started to minimise trauma when removing the catheter. If, however **it is suspected that the cause of the infection is due to the catheter**, the catheter should be changed without delay.

For Residential Residents:

- Contact District Nursing Team to arrange for a sample to be taken.
- If antibiotics are commenced for a urinary tract infection, catheter change should be arranged with District Nurses as soon as possible.

A boric acid specimen container (Red Top) should be used for urine samples. (If there is any delay in sending the sample to the laboratory the boric acid preserves urine sample, thus reducing false positive cultures).

Fill red top urine bottle to 10ml line

Fill in resident details carefully

Residents **without** a Urinary Catheter: Obtaining a Urine Sample

Urine cultures are very important in the elderly to guide antibiotic choice.

- Try to obtain a urine sample when the resident is in the middle of passing urine (rather than at the start).
- Transfer the urine in a Red Top urine bottle, filling to the 10ml line*.

**If there is not enough urine to fill to 10ml line, then use a white top specimen container instead and take the sample to the GP practice as soon as possible, ideally within 2 hours, if there is a delay, the specimen container should be put in a sealed plastic bag and refrigerated. The refrigerated sample should be taken as soon as possible to the GP practice.*

- Fill in the resident's details and type of sample clearly to help the lab when processing the sample.
- Samples should be taken to the GP practice *as soon as possible.*

Adapted from a form developed by Nottingham West CCG, Approved by Croydon Primary Prescribing Group July 2017

Older People >65 years with Suspected Urine Infection (UTI) - UTI Assessment Tool - Guidance for Care Home staff

Care Home:……
Floor/Unit:……
Name of Resident:……
DOB:…… **Please circle: Male Female**
Name of Nurse/Carer completing form ……
Date:…… **Time of day** ……

Be alert for the signs of UROSEPSIS particularly, change in consciousness/alertness, hypothermia, tachycardia, shortness of breath/ difficulty breathing, severe nausea and vomiting, weak pulse[ii].

1	**Any symptoms suggesting alternative diagnosis?**	**Tick if present**
	Increased breathlessness or new cough	
	Diarrhoea and vomiting	
	A new warm area of skin	

If any ticks → **UTI unlikely** Seek guidance as appropriate[ii]

If No ticks

2 Does the person have a catheter?

YES

3	**NEW problem**	**Tick if present**
	Inappropriate shivering / chills or High or low temperature >38°C <36°C **Document temperature** ……°C	
	New lower back pain	
	New or worsening confusion or agitation	

1 or more ticks

2 or more ticks

4	**UTI possible – Actions required** **DO NOT PERFORM URINE DIPSTICK**	Date and Time when action completed
	Contact telemedicine (if available and not already done) **or Email**[i] completed form to GP Practice and phone to check receipt	
	Obtain AND Send Midstream Specimen of Urine (MSU) particularly if treatment failure or ≥ 2 signs of infection (especially dysuria, Temp>38°C or **new** incontinence)	
	If the resident has a catheter, **remove the catheter without delay if it is suspected that the cause of the infection is due to the catheter**.	

No ticks → **UTI unlikely** Seek guidance as appropriate[ii]

Fewer than 2 ticks → **UTI unlikely** Seek guidance as appropriate[ii]

NO

3	**NEW problem**	**Tick if present**
	Pain on passing urine	
	Need to pass urine urgently or new or worse incontinence	
	Need to pass urine more than usual	
	Pain in area between belly button and pubic hair	
	Visible blood in urine	
	Inappropriate shivering /chills or High or low temperature >38 °C < 36°C **Document temperature** …… °C	
	New lower back pain	
	New or worsening confusion or agitation	

[i]Email securely either:
1. From care home's nhs.net account to GP surgery's nhs.net account or
2. Arrange for secure transfer of document by calling GP to send secure link i.e. email with [secure] in subject line

[ii]If concerned about resident, please seek guidance from telemedicine (if available), NHS 111, GP or Rapid response (07768376832)

Adapted from a form developed by Nottingham West CCG, Approved by Croydon Primary Prescribing Group July 2017, updated March 2020

PROVIDING GOOD HYDRATION

1. Resident's food and drink preferences should be established and communicated to all staff. Ensure the care plan outlines these.
2. Normalise regular drinking, offer drinks regularly at every contact you have with the resident.
3. Introduce extra drink rounds between breakfast and lunch, also between lunch and supper as social drinking activity on top of the usual rounds.
4. Drinks should be freely available at all times and within easy reach and sight e.g. water coolers.
5. Encouraging the residents to drink a full cup of water/ squash at medication rounds.
6. Identify residents who need assistance or prompting to drink and reassess weekly or when circumstances change.
7. Use appropriate aids which can-help promote independence.
8. Some patients will need gentle prompting using different phrasing e.g. not 'would you like' instead try 'I have made you'
9. Identify patients who are at risk of dehydration and know when to start a fluid intake chart/contact GP.
10. Reassess needs regularly.

A FEW TIPS

- Having a readily available wide range of drinks **at the right temperature**
- Reassure an individual that **carers and staff have time to help them drink**.
- **High fluid foods all contribute valuable fluid**
  Fruit: including apples, blueberries, cranberries, grapefruit, melon oranges, pears, pineapple, plums, raspberries and watermelon
  Vegetables: include cucumber, carrots, celery, tomatoes, lettuce, and squash
- **Get creative with drinks**... • Fizzy versus flat water • Ice cubes and straws • Add flavouring for taste and colour • Use a variety of drinking vessels and glasses
- If people show reluctance to drink because they are worried about incontinence, **reassure them that help will be provided with going to the toilet**.

IDEAS FOR HYDRATION BASED ACTIVITIES

Mocktail Mondays-.	Smoothie and mocktail making sessions varying the ingredients each time.
Teatime Tuesdays-	Formal social drinking events for example themed tea parties using china crockery, picnics and celebration teas.
Watery Wednesdays-	Tasting sessions on water based drinks such as different types of teas, juices, squash, fruit teas or infusions.
Thirsty Thursdays-	Making or tasting sessions for lollipops and milkshakes. Have a film afternoon with ice lollies and ice creams .
Fruity Fridays -	Fruit bowl tastings. Different coloured fruit jelly making in shaped vessels making the jellies look like something else..

Theme the drinks trolley for the day with different coloured cups/ glasses/Jugs or drinks

Taken from the hydrate TOOLKIT developed through collaboration between Kent Surrey and Sussex Academic Health Science Network, Wessex Academic Health Science Network and NE Hants and Farnham CCG

Reproduced by Cherise Gyimah

Care Homes Pharmacist

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