

Clinical assessment form for over 65s with suspected UTI

Do not perform urine dipstick test

Please complete sections 1- 5 and only escalate if appropriate. Pass on and communicate the information with your GP Practice as usual or as per home protocol at out of hours via the healthcare professional telephone line 0300 111 5818. Retain this form in patient's note. Act in accordance with prescriber management decision.

Date the form filled in: _____

1. Resident Details			2. Care Home details	
Name:	Current/recent antibiotics in last 4 weeks:		Care Home	
DOB:	Drug:	Last issued:	Contact Tel:	
GP Practice:			Staff member completing the form (NAME IN CAPS):	
Allergies:			Indwelling or suprapubic catheter? Yes / No Date last changed: If Yes, reason:	
3. Are there any sign of other possible infections? (Circle relevant if present)			4. Escalate as per care home policy if one of the following red flag symptoms present	
Respiratory	Gastrointestinal	Skin/soft tissue	Pulse <50 or >90bpm Respiratory rate <12 or > 20 Resp bpm Systolic blood pressure <110 or >220mmHg Temperature >39.1°C or <35 °C	
Worsening shortness of breath	Nausea/vomiting New onset	New redness	NEWS2 score if available: Baseline score: Current score:	
Worsening of cough or sputum production	Diarrhoea New abdominal pain	Warmth/swelling Wound with pus		
5. Are there any new Urinary symptoms? (Circle relevant if present - escalate appropriately)			6. Management decision by prescriber: (Please circle relevant action)	
New onset pain on passing urine (dysuria) alone		Y/N	Watchful waiting	Y/N
OR two or more of the following:			Send mid-stream urine specimen	Y/N
New or worsening incontinence/need to urinate urgently		Y/N	Antibiotics prescribed	Y/N
New lower back pain or suprapubic pain		Y/N	Additional Comments:	
New or worsening agitation or confusion		Y/N		
Visible blood in urine		Y/N		
Shivering/chills or temp over 37.9 °C OR below 36 °C		Y/N		
How long have the above symptoms been present?				
			Date decision made by clinicians:	

