

Patient presents with signs and symptoms that may be related to UTI:

New or increased incontinence
Cloudy/foul-smelling urine
Discomfort/pain over kidney or bladder
Abdominal/pelvic discomfort
Painful urination
Fever
Increased lethargy
Increased spasticity
Autonomic dysreflexia

If patient has intolerable signs/symptoms (e.g., fever, septic, autonomic dysreflexia) then treat with antibiotics (i.e., the antibiotic that resolved their most recent UTI (ask patient or check health records)



If negative, re-investigate other possible causes and continue treating symptoms as necessary

Exclude other possible causes (e.g., constipation, catheter failure).
If negative, then screen and treat as a urinary tract infection (UTI) before receiving culture results.

Obtain urine specimen for routine urinalysis and microscopy, culture and sensitivity (C&S – gold standard test)
*if access to C&S is a problem, urine dipstick may be sufficient to confirm a UTI

If immediate treatment is not required – Wait for urine C&S

POSITIVE Results would be indicated by:

Significant bacteriuria - $> 10^2$ cfu/mL in IC urine;
 $> 10^4$ cfu/mL in clean-void urine; any detectable concentration in properly obtained in-dwelling sample; positive leukocytes (> 50 WBC/hpf)

*Important part of Urine Culture is to identify the offending organism

Antibiotic Treatment - choose best organism-specific treatment from C&S results and treat for 7-14 days duration

