

# Long-Term Care Survey Alert

## Survey Guidance: Read The Signs To Diagnose And Treat UTI

### Follow the F315 diagnostic roadmap.

You can't cure what you don't detect. And you don't want to over treat urinary symptoms that aren't infection, a practice that breeds antibiotic resistance. The revised F315 survey interpretive guidance notes that because many residents have chronic bacteria in their urine, the research-based literature suggests treating only symptomatic UTIs. Symptomatic UTIs encompass the following criteria, according to the survey guidelines:

### Residents without a catheter should have at least three of the following signs and symptoms:

1. Fever (increase in temperature of >2 degrees F (1.1 degrees C) or rectal temperature >99.5 degrees F (37.5 degrees C) or single measurement of temperature >100 degrees F (37.8 degrees C) );
2. New or increased burning pain on urination, frequency or urgency;
3. New flank or suprapubic pain or tenderness;
4. Change in character of urine (e.g., new bloody urine, foul smell, or amount of sediment) or as reported by the laboratory (new pyuria or microscopic hematuria); and/or
5. Worsening of mental or functional status (e.g., confusion, decreased appetite, unexplained falls, incontinence of recent onset, lethargy, decreased activity).

### Residents with a catheter should have at least two of the following signs and symptoms:

6. Fever or chills;
7. New flank pain or suprapubic pain or tenderness;
8. Change in character of urine (e.g., new bloody urine, foul smell, or amount of sediment) or as reported by the laboratory (new pyuria or microscopic hematuria); and/or
9. Worsening of mental or functional status. Local findings such as obstruction, leakage, or mucosal trauma (hematuria) may also be present.