Codify
BY AAPC

Long-Term Care Survey Alert

Tool: Cheat Sheet: Here's How to Identify a Symptomatic UTI

Take the guesswork out of your healthcare-associated urinary tract infection diagnoses with the following lists from CMS. Although the classic criteria defined by **McGeer et al,** "Definitions of Infections for Surveillance in Long-Term Care Facilities" in American Journal of Infection Control, 1991, serve as the basis for CMS's F-315 guidance, the guidance differs in subtle but important way, survey experts say.

Following is CMS's take on what makes for a symptomatic UTI requiring treatment.

If no catheter, individual must have at least three of the following signs and symptoms:

- 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).
- New or increased burning pain on urination, frequency or urgency.
- New flank or suprapubic pain or tenderness.
- 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).
- Worsening of mental or functional status (e.g., confusion, decreased appetite, unexplained falls, incontinence of recent onset, lethargy, decreased activity).

With catheter individual must have at least two of the following signs and symptoms:

- Fever or chills.
- New flank pain or suprapubic pain or tenderness.
- 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).
- Worsening of mental or functional status.

Further guidance of F-Tag 315 from CMS: "The goal of treating a UTI is to alleviate systemic or local symptoms, not to eradicate all bacteria. Therefore, a post-treatment urine culture is not routinely necessary but may be useful in certain situations. Continued bacteriuria without residual symptoms does not warrant repeat or continued antibiotic therapy. Recurrent UTIs (2 or more in 6 months) in a non-catheterized individual may warrant additional evaluation (such as determination of an abnormal post void residual (PVR) urine volume or a referral to a urologist) to rule out structural abnormalities such as enlarged prostate, prolapsed bladder, periurethral abscess, strictures, bladder calculi, polyps and tumors."

Source: CMS, interpretative guidance available at www.cms.gov/transmittals/downloads/R8SOM.pdf.

Compare: McGeer A, Campbell B, Emori TG, et al. "Definitions of Infections for Surveillance in Long-Term Care Facilities." American Journal of Infection Control. 1991. The article is available at www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/downloads/25_itcdefs-91.pdf.

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