

MDS Alert

Resident Assessment: Develop UTI Assessment Protocols for Residents With Dementia

A decision tree can keep you from climbing out on a limb on your next survey.

A resident with cognitive impairment who has a sudden behavioral change does not a UTI diagnosis make.

That's the key message from infection control experts who say the pendulum has swung from under to over reporting and treating this condition among cognitively impaired residents.

When a resident with dementia displays a behavioral or mental status change, assess him not only for UTI but also for other types of infection. "Pneumonia is common, for example, or skin infections related to a pressure ulcer," says **Chesley Richards, MD**, in Atlanta.

Look for a nonverbal response to pain: "If the person can't communicate [his discomfort verbally] ... look for his physical response to [assessment] for costovertebral angle (CVA) tenderness," which is a sign of UTI, advises Richards.

The bottom line: Febrile cognitively impaired residents with a positive urine culture and behavioral changes--and no other apparent cause of infection--need antibiotic treatment for UTI, advises Richards.

But if the cognitively impaired resident doesn't have a fever, look for noninfectious causes of the behavioral changes, such as dehydration or constipation, Richards suggests.