

**Session Summary for 14 November 2017**

1. Didactic: UTIs Part 2: Long Term Care Facilities (LTCF)
   1. UTIs account for a significant portion of infections in LTCF and up to 50% of antibiotics prescribed in LTCFs are for UTIs.
   2. Distinguishing between asymptomatic bacteriuria and symptomatic UTI is extremely important in preventing inappropriate antibiotic use in LTCF, especially as asymptomatic bacteriuria becomes more common with age
   3. Dark, malodorous or cloudy urine are not predictive of UTI
   4. Keep a broad differential beyond UIT when staff reports delirium
   5. See CDC/McGeer criteria to guide use of urinalysis/urine culture in non-catheterized vs catheterized symptomatic patients
   6. Effective interventions in reducing UTIs and antibiotic use in LTCF can include:
      1. Educating nursing staff regarding asymptomatic vs symptomatic UTI
      2. Eliminating standing UA/culture orders
      3. Providing alternative orders surrounding hydration of symptom surveillance
      4. Discontinue inappropriate urinary catheters
      5. Review antibiotic need after urine cultures result and discontinue if patients’ cultures do not meet criteria for UTI
2. Discussion: Should you culture urethral discharge in a catheterized patient?
   1. Culturing pus/discharge may be helpful diagnostically (be sure to consider STIs) but obtaining a urinary culture is still going to be important.
   2. Removing the catheter, even if temporarily, is very important in the presence of urethral discharge in a catheterized patient.
3. Discussion: When is it appropriate to use prophylactic antibiotics for UTIs?
   * 1. Use of prophylactic antibiotics must be made on a case-by-case basis.
     2. Peri-procedural antibiotics in the setting of urologic surgical manipulation is common, appropriate and usually driven by the surgeon.
     3. If at all possible, addressing an underlying condition predisposing a patient to UTIs is preferred. However, when this is not possible, a defined course of the narrowest spectrum antibiotic can be used with the caveat that organisms will eventually develop resistance.
4. Resources from Marisa:

  Show families and residents “How you can prevent antibiotic resistance” video<https://nursinghomeinfections.unc.edu/residents-and-families/>

  UNC 10 modules nurse CEU particularly module 5<https://nursinghomeinfections.unc.edu/nurses/>

  Watch this video on communicating with families<https://www.youtube.com/watch?v=DfMAXf_xEic>

1. Question regarding special considerations for antibiotic therapy in a diabetic with UTI
   1. See separate document “UTI Treatment DM” on website