

Did you know?

- The most common signs of a UTI are fever and painful urination.
- Dark or cloudy urine does not indicate a UTI.
- Smelly urine does not indicate a UTI.
- Increased confusion or wandering does not indicate a UTI.
- Increased falls or changes in physical condition does not indicate a UTI.
- Changes in mental or physical condition are often due to dehydration. Symptoms often go away with extra fluids and rest.
- Antibiotics are not risk-free. Antibiotics can lead to infection with *C. difficile* (severe diarrhea) and an increased chance that infections later on will be resistant.

USE ANTIBIOTICS WISELY

- ✓ WHEN NEEDED
- ✓ AS DIRECTED



Urinary Tract Infections

What is a urinary tract infection (UTI)?

A urinary tract infection or “UTI” is an infection of the kidneys, bladder or the tubes that pass urine out of the body. A UTI occurs when bacteria get into the urinary tract and cause an infection. UTI can be caused by many different kinds of bacteria.

UTI is a common diagnosis among continuing care residents. The use of catheters increases the chances of getting a UTI.

What are the symptoms of a UTI?

The symptoms of a UTI are:

- Burning or pain when urinating
- Fever or chills
- Frequent urge to urinate but not much urine comes out
- Inability to hold urine
- Pain or tenderness in the belly or on one side of the back under the ribs

An examination by the nurse or doctor will show whether the resident has a UTI.

Do changes in the smell or appearance of urine indicate a UTI?

Diet, dehydration and other medications can affect the way that urine looks and smells. The resident will have the symptoms listed above if a UTI is present.

- Foul odor does not mean that the resident has a UTI
- Dark or cloudy color does not mean that the resident has a UTI

Does a blocked catheter indicate a bacterial infection?

For residents who are catheterized, a blocked catheter does not mean there is a bacterial infection or that antibiotics are needed.

How can I help?

Residents may not be able to tell you how they feel. Family members or health care aides are often the first to recognize the symptoms of a UTI. Look for changes in normal habits, such as needing to urinate more often or more urgently, as signs of a UTI. Report changes that may indicate a UTI to nursing staff.

Often symptoms go away with extra fluid intake. Help the resident to drink plenty of fluids and to rest. Sometimes, fluids are given under the skin if the resident cannot drink enough fluids on their own. This is called *hypodermoclysis* or *clysis*. Residents often feel better both physically and mentally once they have enough fluid in their bodies.

How are UTIs treated?

Antibiotics are used to treat UTI. Antibiotics are not needed unless the clinical examination shows the resident has a UTI. Laboratory tests will indicate the best antibiotic to use for treatment.

Antibiotics should not be given unless the resident has a UTI. Taking antibiotics when they are not needed can lead to other serious medical problems including diarrhea, yeast infections and infections later on that cannot be cured with antibiotics.

Why are antibiotics sometimes stopped or changed when treating a UTI?

Sometimes antibiotics are started before laboratory results are available. The laboratory results may show that the antibiotic is not needed or that a different antibiotic should be used.

Is hospitalization needed?

Usually a UTI can be treated in the continuing care centre. The resident may need to go to the hospital if symptoms get worse.

How can UTIs be prevented?

Help residents to drink plenty of fluids and to have good personal hygiene. Wash your hands often and follow guidelines for hand hygiene in your continuing care centre.