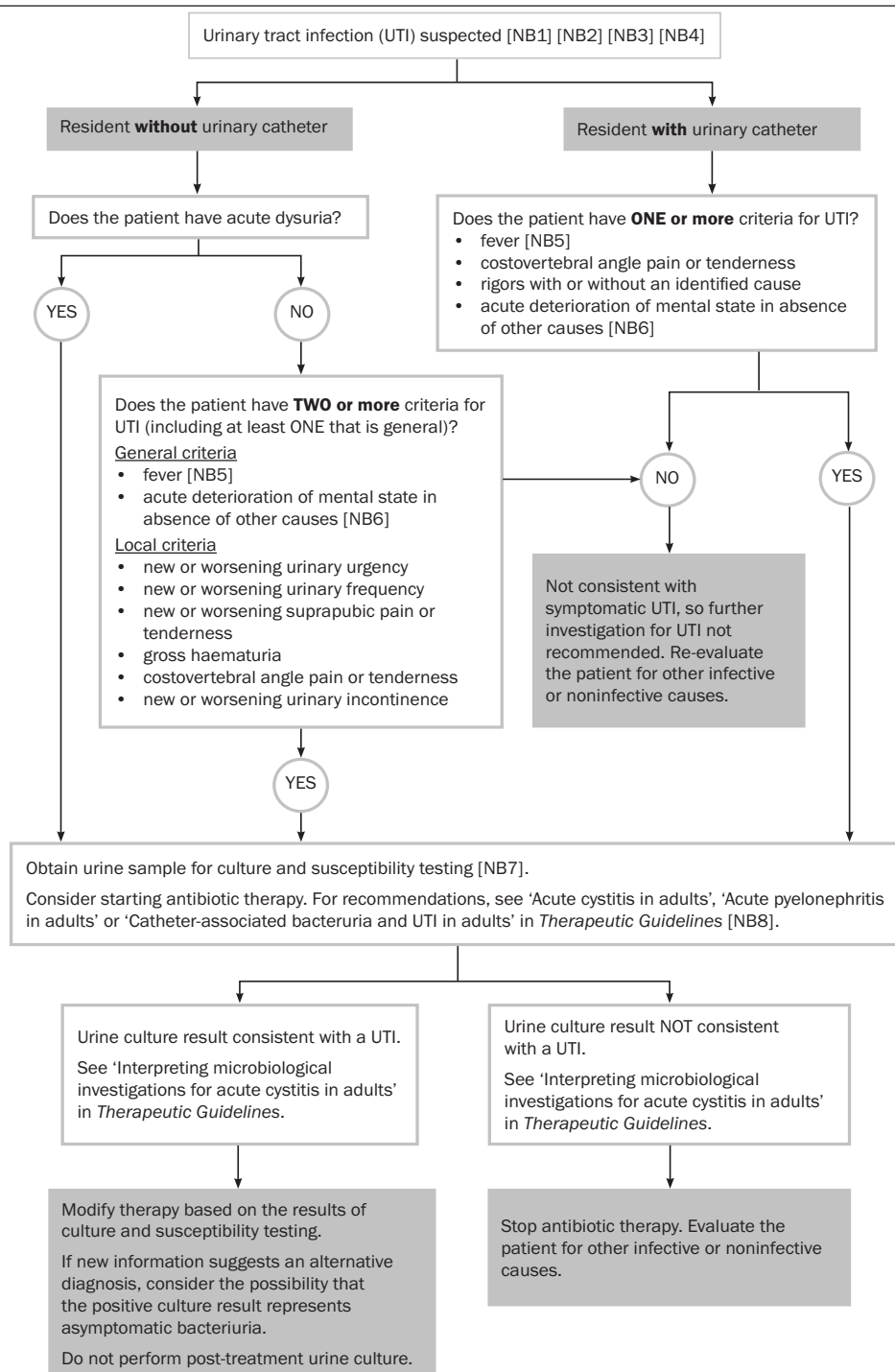


Assessment and treatment of residents of an aged-care facility with suspected urinary tract infection



NB1: Do not investigate or treat cloudy or malodorous urine in residents of an aged-care facility who do not have other signs or symptoms of UTI.

NB2: Consider whether an alternative diagnosis is likely. Consider both infective (eg pneumonia) and noninfective (eg medication-related adverse events) causes.

NB3: Establish whether an advance care plan is in place as it may influence assessment and management (eg whether investigations are performed or antibiotics given). See 'Advance care planning' in *Therapeutic Guidelines*.

NB4: For the diagnosis and treatment of acute bacterial prostatitis, see 'Acute bacterial prostatitis' in *Therapeutic Guidelines*.

NB5: Fever is defined as a temperature of 38 °C or higher or an increase of more than 1.5 °C above baseline temperature.

NB6: Acute deterioration of mental state includes new change in level of consciousness, periods of altered perception, disorganised speech and lethargy; see 'Delirium' in *Therapeutic Guidelines*.

NB7: If the resident has an indwelling urinary catheter, see 'Diagnosis of catheter-associated UTI in adults' in *Therapeutic Guidelines* for a guide to collecting urine samples in patients with indwelling urinary catheters.

NB8: The duration of therapy does not need to be modified for this patient group and should always be stated on the prescription.