Urinalysis and Urine Sampling Algorithm for Suspected Urinary Tract Infection for Adults (16 years and above)



Patients aged 16 to 65 years old with NO urinary catheter who have one or more of:

dysuria/frequency/urgency/new nocturia/visible haematuria/visibly cloudy urine/suprapubic

tenderness



Dipstick urine (using Bayer Multistix 8SG or 10SG) – record result in notes. If POSITIVE for any amount of blood, protein, leucocyte AND/OR nitrite – SEND MSU for culture and microscopy (sample must be in the lab within 2 hours of production or for community specimens, ensure they are refrigerated) and consider starting empirical antibiotics according to Trust Antibiotic Policy (check

previous microbiology results). Review antibiotics with

culture results.

If NEGATIVE for blood, protein, leucocyte AND nitrites, consider alternative diagnosis. Do NOT send urine to laboratory UNLESS pregnant patient in which case send MSU for culture

St Helens and Knowsley Teaching Hospitals

All other patients with 2 or more of the following features of

infection: Dysuria

Dysuila Urgency Suprapubic tenderness

New incontinence Loin pain/tenderness

Heart rate >90 beats/min

Visible haematuria

Polyuria

Frequency

Non-specific decline

Respiratory rate >20 breaths/min

If not diabetic - Blood glucose >7.7 mmol/L

New onset or worsening confusion/agitation/delirium – <u>assess appropriately</u> Temperature 38°C and above or below 36°C

Temperature 1.5°C above baseline twice in 24 hours

Shaking chills (rigors)



DO NOT DIPSTICK URINE unless patient has acute kidney injury (AKI), in which case dipstick urine and record clearly in medical notes that urinalysis was done due AKI SEND MSU/CSU for culture and microscopy (sample must be in the lab within 2 hours of production or for community specimens, ensure they are refrigerated) and consider if UTI clinically suspected, consider starting empirical antibiotics as per Trust Antibiotic Policy (check previous microbiology results).

Review antibiotics with culture results.

DO NOT ACCEPT UTI AS DIAGNOSIS UNTIL COMPREHENSIVE ASSESSMENT TAKEN PLACE (INCLUDING WHERE APPROPRIATE CXR, ECG, ROUTINE BLOODS, CONSIDER PREXAMINATION AND BLADDER SCAN).

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