



SBAR COMMUNICATION TOOL for SUSPECTED URINARY TRACT INFECTION

BEFORE CALLING THE PHYSICIAN

1. **Assess the resident**
2. Know the diagnosis, symptoms and any relevant history
3. Have the chart, completed Urinary Flow Sheet , recent lab reports and progress notes on hand

SITUATION

- I'm calling about <resident's name and location
- I'm concerned the resident may have a Urinary Tract Infection

BACKGROUND

- The resident has been with us since:
- Their admitting and subsequent diagnosis include:
- If symptoms are atypical, have fluids been pushed for 24 hours
- Medications the resident is currently on
- Has the resident been treated previously for a urinary tract infection; what was the organism, what antibiotic was previously administered

ASSESSMENT

- Vital signs: does the resident have a fever/
- Does the resident have hematuria, dysuria, frequency, urgency?
- Does the resident have flank or suprapubic pain/tenderness?
- Does resident have delirium, change in mental status?
- If the resident has atypical symptoms have other causes been ruled out (eq. dehydration)?
- Was a urinalysis and culture obtained, what are the results? What dose Bugs & Drugs recommend?
- Is the resident unstable/deteriorating?
- If the call is due to the fact the lab report indicates the organism is not susceptible to the antibiotic prescribed:
 - What does the lab report indicate is susceptible
 - What does Bugs & Drugs recommend

RECOMMENDATION

- I suggest:
 - Antibiotics
 - Come to see the resident as the resident condition is deteriorated
 - Tests needed:
- Does the antibiotic need to be changed?:
- If the resident does not improve when should I call back?

BEFORE the call is ended: repeat the order back to the physician (action/antibiotic if ordered: route/dose/duration of therapy).

Document on the Physician Order sheet, including indication for treatment.

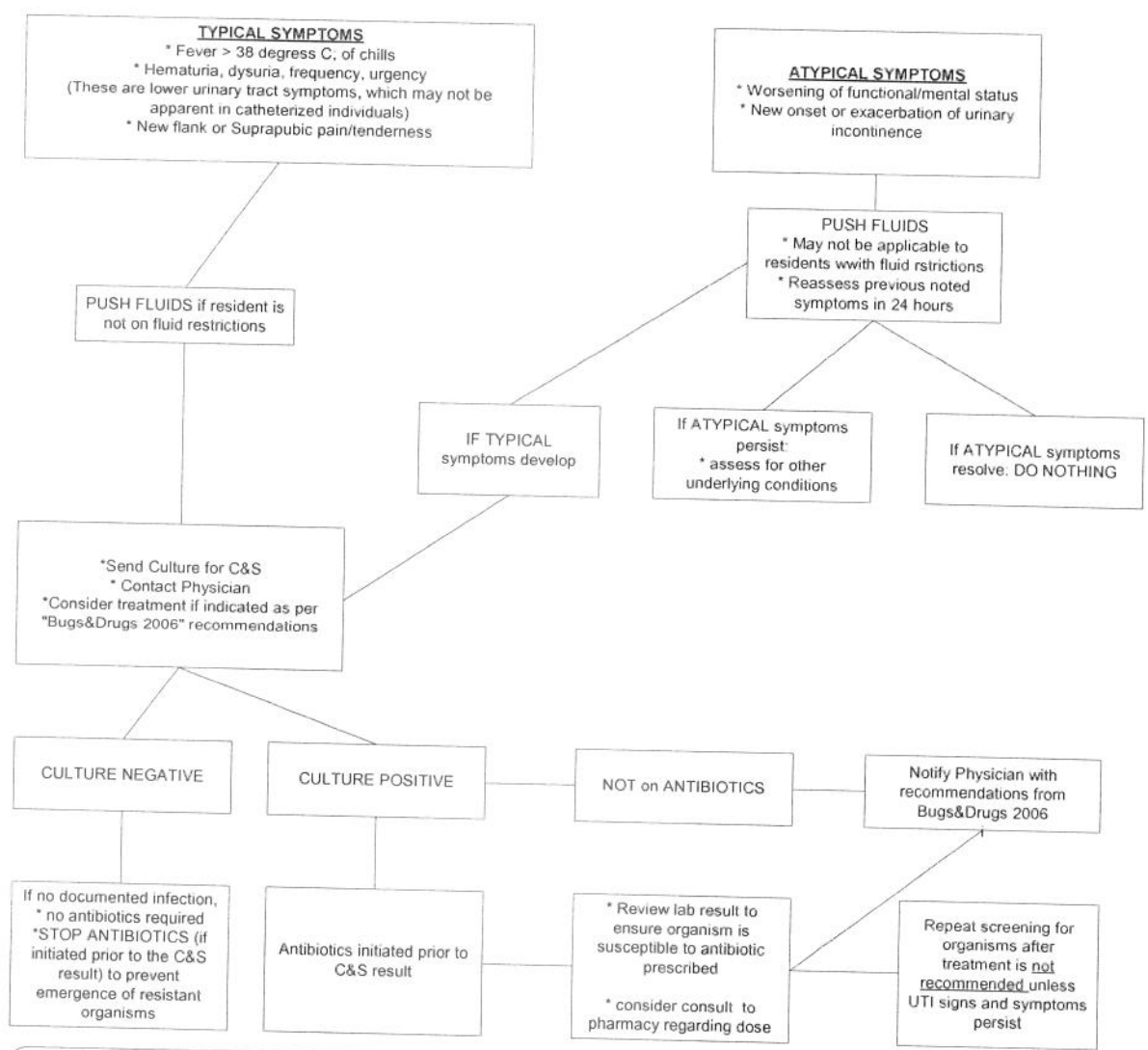
Document actions in the Progress Notes.

**THE GOOD SAMARITAN SOCIETY
PROCESS MANUAL**

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URINARY TRACT INFECTION FLOW CHART



PRACTICE POINTS

1. Routine Screening for UTIs is **NOT** recommended.
2. A change in urine color, characteristics, or odor **ARE NOT** an indication for C&S.
3. Bacteruria is very common in the elderly, most cases are Asymptomatic and **ARE NOT** related to UTI.
4. In the elderly, fever of 1.1 degree above baseline temperature may be significant.
5. Multiple organisms usually indicate contamination. However, up to 30% of UTIs in the elderly catheterized individual may involve > 2 organisms. **CLINICAL CORRELATION** is necessary.

UTI Flow Chart adopted from Capital Health
Bugs & Drugs Blondel-Hill, Fryters 2006 Capital Health