

# 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</li>
- 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

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	URINARY TRACT	INFECTION FLOW C	HART	
* Fever > 3 * Hematuria, dy (These are lower urinary apparent in c	AL SYMPTOMS Be degress C; of chills reuria, frequency, urgency tract symptoms, which may not be atheterized individuals) uprapubic pain/tenderness	* v	Vorsening of fur New onset or ex	SYMPTOMS nctional/mental status (acerbation of urinary ntinence
PUSH FLUIDS if residence on fluid restriction			* May not b residents wwi * Reassess	I FLUIDS e applicable to th fluid rstrictions previous noted s in 24 hours
	IF TYF symptom:	s develop * asses	AL symptoms rsist: s for other g conditions	If ATYPICAL symp resolve: DO NOTH
*Send Culture for Co * Contact Physicia Consider treatment if indica Bugs&Drugs 2006* recomm	n sted as per			
CULTURE NEGATIVE	CULTURE POSITIVE	NOT on ANTIBIOTIC	s	Notify Physician with recommendations from Bugs&Drugs 2006
o documented infection, no antibiotics required TOP ANTIBIOTICS (if tiated prior to the C&S result) to prevent nergence of resistant organisms	Antibiotics initiated prior to C&S result	* Review lab result to ensure organism is susceptible to antibiot prescribed * consider consult to pharmacy regarding do	ic	Repeat screening for organisms after treatment is not recommended unless UTI signs and symptoms persist
	PRAC	CTICE POINTS		
change in urine col	r UTIs is NOT recommended or, characteristics, or odor A	RE NOT an indication for are Asymptomatic and ARE	C&S.	

UTI Flow Chart adopted from Capital Health

Bugs & Drugs Blondel-Hill, Fryters 2006 Capital Health