

Suspected Urinary Tract Infection SBAR

Complete prior to contacting the MRP/After-Hours Physician

MRP & After-Hours Suspected UTI Communication

Use for decision-making and communication

PREPARE <input type="checkbox"/> Completed SBAR <input type="checkbox"/> Chart & MOST <input type="checkbox"/> MAR		Resident Name (Last, First)	
Nurse: <input type="checkbox"/> LPN <input type="checkbox"/> RPN/RN	Care Home:	Resident DOB (DD/MM/YYYY) D D M M Y Y Y Y	Resident PHN (10)
Date:	Time:	MRP:	Phone/Fax:
Unit:	Fax:	Primary Contact:	

SITUATION I am contacting you about a suspected, symptomatic UTI for the above resident.

BACKGROUND

Relevant Diagnoses: Multiple Sclerosis

The resident: has an indwelling catheter previous UTI(s) has new/worsening incontinence is on dialysis is on warfarin

Allergies: MOST: M ___ or C ___

ASSESSMENT (Clinical Signs & Symptoms)

Vital Signs BP HR RR SpO₂ RA O₂ @ ___ Temp LBM

Mental / Behavioural Status: **Kidney Disease?** No Yes:
GFR Creatinine

WITHOUT indwelling catheter: *If ≥1 situations are met*

acute dysuria (painful urination) **OR** temperature ≥ 38°C or 1.1°C above baseline on 2 occasions (4-6 hours apart)

PLUS 1 of the following:

hematuria suprapubic or flank pain/tenderness (new) urgency +/- or frequency, incontinence (new or worsening)

WITH indwelling catheter: *If ≥1 symptoms present*

suprapubic or flank pain or tenderness (new) temperature ≥ 38°C or 1.1°C above baseline on 2 occasions (4-6 hours apart) rigors/shaking chills

Nursing Interventions: Fluids encouraged for 24 hours (*unless contraindicated*) Assessed for other causes of behaviour change
(select all that apply) Toileting offered regularly Pain addressed and treated with analgesia

RECOMMEND

Prior to initiating antibiotic therapy, collect urine sample for a urinalysis and culture & sensitivity (*if an indwelling catheter has been in place for longer than 7 days, change the urinary catheter before obtaining the urine*) Acetaminophen (Tylenol) PRN (for pain, fever) or other analgesic for pain.

Contact MRP with C&S results once available. **Other:**

Symptoms have not improved with 2 days of antibiotics, review required.

MRP RESPONSE NOTES

Select 1 of 4 options:

No orders received

Nurse transcribed verbal orders in resident's health record

MRP transcribed orders in the resident's health record

MRP to fax orders to care home

FOLLOW-UP | Nurse/Designate, please:

FAX SBAR form to MRP PLACE SBAR in the MRP Notes section of the residents' health record **OR** Unit MRP Communication Binder

References:
Agency for Healthcare Research and Quality. (2014). *Suspected UTI SBAR*. Retrieved from https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/4_TK1_T1-SBAR_UTI_Final.pdf
Island Health. (2019). *Care of the resident with a suspected urinary tract infection in long-term care*. Retrieved from <https://intranet.islandhealth.ca/png/pnpdocs/care-resident-suspected-urinary-tract-infection-long-term-care.pdf?search=uti%20guideline>
Towards Optimized Practice. (2015). *Diagnosis and management of urinary tract infection in long term care facilities: Clinical practice guideline*. Retrieved from <https://act.albertadoctors.org/CPGs/Lists/CPGDocumentList/UTI-in-TCF-Summary.pdf>