

# 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

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

**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   SpO<sub>2</sub>    RA    O<sub>2</sub> @ \_\_\_   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](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://actt.albertadoctors.org/CPGs/Lists/CPGDocumentList/UTI-in-TCF-Summary.pdf>