

ASYMPTOMATIC BACTERIURIA* VS. URINARY TRACT INFECTION (UTI) IN PATIENTS WITH ALTERED MENTAL STATUS

INPATIENT

OUTPATIENT

	UTI UNLIKELY <div></div> <ul style="list-style-type: none"> Do not order urinalysis (UA)/culture No antibiotics 	"WATCH AND WAIT" <div></div> <ul style="list-style-type: none"> Order UA/culture Pyuria or bacteriuria without symptoms ≠ UTI No empiric antibiotics if clinically stable 	UTI LIKELY <div></div> <ul style="list-style-type: none"> Order UA/culture Empiric antibiotics if > 10 WBC (pyuria)
<div>INPATIENT</div> <div>OUTPATIENT</div>	Presentation: <ul style="list-style-type: none"> Angina/myocardial infarction Pulmonary embolism Atrial-fibrillation Total knee/hip arthroplasty Stroke/transient ischemic attack Management <ul style="list-style-type: none"> No indication for testing or treatment 	Presentation: <ul style="list-style-type: none"> NEW weakness, confusion, and/or leukocytosis WITHOUT other cause High likelihood based on history of recurrent UTIs Management <ul style="list-style-type: none"> Monitor for improvement with supportive care 	Presentation: <ul style="list-style-type: none"> NEW dysuria, frequency, urgency, hematuria suprapubic or flank pain or tenderness, fever Management <ul style="list-style-type: none"> Empiric antibiotics per local guidelines Consider discontinuing if negative culture
	Presentation: <ul style="list-style-type: none"> Mechanical fall Altered mental status at baseline Management <ul style="list-style-type: none"> No indication for testing or treatment 	Presentation: <ul style="list-style-type: none"> Fall of unknown etiology NEW weakness or confusion Management <ul style="list-style-type: none"> MD to assess for follow-up and inform patient/caregiver of appropriate precautions Emergency Department (ED) pharmacist will follow-up culture results 	Presentation: <ul style="list-style-type: none"> NEW dysuria, frequency, urgency, hematuria, suprapubic or flank pain or tenderness, fever Management <ul style="list-style-type: none"> Empiric antibiotics per local guidelines ED pharmacist will follow-up culture result
	Exclusions: Treat asymptomatic bacteriuria in: <ul style="list-style-type: none"> Pregnant patients Prior to urologic procedure with mucosal trauma 	Typical colonizers/contaminants which do not usually require treatment: viridans streptococci, <i>Lactobacillus spp.</i> , diptheroids, <i>Bacillus spp.</i> , and coagulase-negative staphylococci Cloudy/smelly urine alone does not indicate a UTI.	Epithelial cells can represent contamination. Recommend repeat sample, with a straight catheter if indicated. Collect urine from new catheter and send promptly (avoid urine sitting in catheter tubing or bag).