



Scenario 1

- 81-year-old resident of a LTCF with UTI one month ago, now presenting with dizziness and new onset of frequency and urgency of urination. Temperature 37.1 C. Started 2 days ago on Lasix for diuresis and Atenolol for blood pressure.
- Using the algorithm, would you make a recommendation to the medical director to collect a urine specimen for culture?
- If not, could a non-UTI rationale explain the clinical findings?
- Use SBAR approach for your recommendation.

Scenario 1 - PointClickCare



PointClickCare®

SECTION IV Evaluation		General Infection Evaluation	
INST.	Instructions	<p>This infection screening tool is designed to assist in identifying if a resident has clinical findings needed to determine if they MEET or have SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if criteria should be further investigated and a score will be generated. If the score is > 1 a case will be created in IPC. This evaluation is not meant to diagnose. Clinical findings should be reviewed with the provider.</p>	
A.	General Findings	<p>1. Age: > 65 years old</p> <p>2. Current, active diagnosis of infection</p> <p>3. Indwelling catheter in place (excluding supra-pubic)</p> <p>5. Diagnosis of COPD</p> <p>6. Malaise or loss of appetite</p> <p>7. Recent CXR</p> <p>8. Is resident being treated for active burns?</p>	<p>II</p> <p><input checked="" type="radio"/> a. Yes</p> <p><input type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes - negative for pneumonia</p> <p><input type="radio"/> b. Yes - showing new infiltrates consistent with pneumonia</p> <p><input checked="" type="radio"/> c. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p>
B.	Vital Signs	<p>1. Fever</p>	<p><input type="checkbox"/> a. Single temp > 37.8 C (>100 F)</p> <p><input type="checkbox"/> b. Single temp > 38.9 C (102 F)</p>
		<p>2. New onset hypotension (no alternate non-infectious cause)</p> <p>3. Respiratory rate: > 25 breaths/min</p> <p>4. Pulse > 100 beats/min</p> <p>5. Pulse oximetry < / = to 94% on room air</p> <p>6. Pain</p> <p>1. Symptoms (new or marked increase)</p>	<p><input type="checkbox"/> d. Increase of > 1.5 C (>2.4 F) above baseline</p> <p><input type="checkbox"/> e. Repeated temp > 37.2 C (>99 F)</p> <p><input type="checkbox"/> f. Repeated rectal temp >37.5 C (99.5 F)</p> <p><input type="checkbox"/> g. Chills</p> <p><input type="checkbox"/> h. Afebrile</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input checked="" type="radio"/> b. No clear</p> <p><input type="checkbox"/> a. Myalgia / body aches</p> <p><input type="checkbox"/> b. Sore throat</p> <p><input type="checkbox"/> c. Headaches or eye pain</p> <p><input type="checkbox"/> d. Acute pain, swelling, or tenderness of the testes, epididymis or prostate</p> <p><input type="checkbox"/> e. Acute dysuria</p> <p><input type="checkbox"/> f. Costovertebral angle pain or tenderness</p> <p><input type="checkbox"/> g. Abdominal pain / tenderness</p> <p><input checked="" type="radio"/> h. No pain</p> <p>II</p> <p><input type="checkbox"/> a. Delirium (reduced functional activities, withdrawal, loss of appetite)</p> <p><input type="checkbox"/> b. Diarrhea (w/in last 24 hours)</p> <p><input type="checkbox"/> c. Difficulty swallowing</p> <p><input type="checkbox"/> d. Hoarseness</p> <p><input type="checkbox"/> e. Nausea</p> <p><input type="checkbox"/> f. New onset confusion</p>
		<p>2. Cough</p> <p>3. Eye complaints (symptoms for > 24 hours)</p> <p>4. Skin / wound characteristics</p>	<p><input type="checkbox"/> j. Presence of raised white patches on inflamed mucosa or plaque on oral mucosa</p> <p><input type="checkbox"/> k. Purulent discharge from around catheter insertion site</p> <p><input type="checkbox"/> l. Rigors</p> <p><input type="checkbox"/> m. Runny nose or sneezing</p> <p><input type="checkbox"/> n. Stuffy nose or nasal congestion</p> <p><input type="checkbox"/> o. Supra-pubic tenderness</p> <p><input type="checkbox"/> p. Swollen glands in neck</p> <p><input checked="" type="radio"/> q. Urinary frequency</p> <p><input type="checkbox"/> r. Urinary incontinence</p> <p><input checked="" type="radio"/> s. Urinary urgency</p> <p><input type="checkbox"/> t. Vesicular rash</p> <p><input type="checkbox"/> u. Visible (gross) hematuria</p> <p><input type="checkbox"/> v. Vomiting (w/in last 24 hours)</p> <p><input type="checkbox"/> w. None of the above</p> <p>II</p> <p><input type="radio"/> a. Yes</p> <p><input type="radio"/> b. Yes - new or increased cough</p> <p><input checked="" type="radio"/> c. No clear</p> <p><input type="checkbox"/> a. Pus from one or both eyes</p> <p><input type="checkbox"/> b. New or increased eye redness (w/ or w/o itching)</p> <p><input type="checkbox"/> c. New or increased eye pain</p> <p><input checked="" type="radio"/> d. No eye complaints</p> <p>II</p> <p><input type="checkbox"/> a. New or increasing purulent drainage</p> <p><input type="checkbox"/> b. Redness (erythema)</p> <p><input type="checkbox"/> c. Tenderness</p> <p><input type="checkbox"/> d. Warmth</p> <p><input type="checkbox"/> e. New or increasing swelling at affected site</p> <p><input type="checkbox"/> f. Pus</p> <p><input type="checkbox"/> g. Serous drainage</p> <p><input checked="" type="radio"/> h. None of the above</p>

Scenario 1: Should I Collect Urine for Bacterial Culture? Algorithm for Nursing Home Residents*



Start Here →

Does the resident have clinical findings consistent with the McGeer or Loeb criteria (see other side) which may include the following

- Fever ($T \geq 37.5$)
- Acute dysuria
- New/increased incontinence
- New/increased urgency**
- New/increased frequency**
- Suprapubic pain
- New onset delirium
- Costovertebral angle (flank) pain
- Gross hematuria (not related to catheter insertion)

No →

Do not collect urine
Communicate with Physician or NP

- Use SBAR approach to communicate
 - Identify resident
 - Present reason for UTI evaluation
 - Present clinical findings; indicate no findings specific to a UTI
 - Share plan to address clinical findings and not obtain a culture
 - Follow resident's clinical status

Yes ↓

Could a non-UTI diagnosis explain the clinical findings?

- **New frequency or incontinence** → New diuretic treatment
- New hematuria → New catheter placement
- Fever → Known alternate source (e.g., new O₂ requirement suggests pneumonia) OR non-infectious cause (e.g., post-op fever within 48 hrs usually does not require a work-up)

Yes ↓

Do not collect urine
Communicate with Physician or NP

No ↓

Is a urine culture pending or resulted in the past 48 hrs to work up these symptoms?

Yes →

Do not collect urine
Communicate with Physician or NP

No ↓

Collect urine for culture

Do NOT collect a urine specimen for bacterial culture for:

- Altered mental status or confusion (with no clinical findings specific to a UTI from McGeer or Loeb criteria and no evidence of systemic infection)
- Weakness or falls (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Isolated dark or cloudy urine
- Isolated foul-smelling urine
- Pyuria or bacteriuria in asymptomatic residents (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Documentation of cure
- **History of UTI**

Adapted by the Fairfax County Health Dept. from the Johns Hopkins Univ. Hospital Department of Antimicrobial Stewardship

Guidance is consistent with Noelle et al, Clinical practice guideline for the management of asymptomatic bacteriuria, 2019 update by the Infectious Diseases Society of America

*This algorithm does NOT apply to residents with neurogenic bladder, pregnant persons, or residents with recent urologic procedures for whom mucosal bleeding is expected



Scenario 2

- 75-year-old female resident of a LTCF with an indwelling urinary catheter with two-day history of temperature 38.0 C and new onset suprapubic tenderness. Nurse assesses hematuria and notes the catheter was inserted 6 days ago.
- Using the algorithm, would you make a recommendation to the medical director to collect a urine specimen for culture?
- If not, could a non-UTI rationale explain the clinical findings?
- Use SBAR approach for your recommendation.

Scenario 2 - PointClickCare



PointClickCare®

SECTION EV: Evaluation

INST.	Instructions	General Infection Evaluation	
		<p><i>This infection screening tool is designed to assist in identifying if a resident has clinical findings needed to determine if they MEET or have SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if criteria should be further investigated and a score will be generated. If the score is > 1 a case will be created in IPC. This evaluation is not meant to diagnose. Clinical findings should be reviewed with the provider.</i></p>	
A.	General Findings	<p>1. Age: > 65 years old</p> <p>2. Current, active diagnosis of infection</p> <p>3. Indwelling catheter in place (excluding supra-pubic)</p> <p>5. Diagnosis of COPD</p> <p>6. Malaise or loss of appetite</p> <p>7. Recent CXR</p> <p>8. Is resident being treated for active burns?</p>	<p>1. <input checked="" type="radio"/> a. Yes <input type="radio"/> b. No clear</p> <p>2. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>3. <input checked="" type="radio"/> a. Yes <input type="radio"/> b. No clear</p> <p>5. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>6. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>7. <input type="radio"/> a. Yes - negative for pneumonia <input type="radio"/> b. Yes - showing new infiltrates consistent with pneumonia <input checked="" type="radio"/> c. No clear</p> <p>8. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p>
B.	Vital Signs	1. Fever	<p><input type="checkbox"/> a. Single temp > 37.8 C (>100 F) <input type="checkbox"/> b. Single temp > 38.9 C (102 F)</p>
		<p>2. New onset hypotension (no alternate non-infectious cause)</p> <p>3. Respiratory rate: > 25 breaths/min</p> <p>4. Pulse > 100 beats/min</p> <p>5. Pulse oximetry < / = to 94% on room air</p> <p>6. Pain</p> <p>1. Symptoms (new or marked increase)</p>	<p><input type="checkbox"/> d. Increase of > 1.5 C (>2.4 F) above baseline <input checked="" type="checkbox"/> e. Repeated temp > 37.2 C (>99 F) <input type="checkbox"/> f. Repeated rectal temp >37.5 C (99.5 F) <input type="checkbox"/> g. Chills <input type="checkbox"/> h. Afebrile</p> <p>2. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>3. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>4. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>5. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>6. <input type="checkbox"/> a. Myalgia / body aches <input type="checkbox"/> b. Sore throat <input type="checkbox"/> c. Headaches or eye pain <input type="checkbox"/> d. Acute pain, swelling, or tenderness of the testes, epididymis or prostate <input type="checkbox"/> e. Acute dysuria <input type="checkbox"/> f. Costovertebral angle pain or tenderness <input type="checkbox"/> g. Abdominal pain / tenderness <input type="checkbox"/> h. No pain</p> <p>1. <input type="checkbox"/> a. Delirium (reduced functional activities, withdraw, loss of appetite) <input type="checkbox"/> b. Diarrhea (w/in last 24 hours) <input type="checkbox"/> c. Difficulty swallowing <input type="checkbox"/> d. Hoarseness <input type="checkbox"/> e. Nausea <input type="checkbox"/> f. New onset confusion</p>
			<p><input type="checkbox"/> j. Presence of raised white patches on inflamed mucosa or plaque on oral mucosa <input type="checkbox"/> k. Purulent discharge from around catheter insertion site <input type="checkbox"/> l. Rigors <input type="checkbox"/> m. Runny nose or sneezing <input type="checkbox"/> n. Stuffy nose or nasal congestion <input checked="" type="checkbox"/> o. Supra-pubic tenderness <input type="checkbox"/> p. Swollen glands in neck <input type="checkbox"/> q. Urinary frequency <input type="checkbox"/> r. Urinary incontinence <input type="checkbox"/> s. Urinary urgency <input type="checkbox"/> t. Vesicular rash <input checked="" type="checkbox"/> u. Visible (gross) hematuria <input type="checkbox"/> v. Vomiting (w/in last 24 hours) <input type="checkbox"/> w. None of the above</p> <p>2. Cough <input type="radio"/> a. Yes <input type="radio"/> b. Yes - new or increased cough <input checked="" type="radio"/> c. No clear</p> <p>3. Eye complaints (symptoms for > 24 hours) <input type="checkbox"/> a. Pus from one or both eyes <input type="checkbox"/> b. New or increased eye redness (w/ or w/o itching) <input type="checkbox"/> c. New or increased eye pain <input checked="" type="checkbox"/> d. No eye complaints</p> <p>4. Skin / wound characteristics <input type="checkbox"/> a. New or increasing purulent drainage <input type="checkbox"/> b. Redness (erythema) <input type="checkbox"/> c. Tenderness <input type="checkbox"/> d. Warmth <input type="checkbox"/> e. New or increasing swelling at affected site <input type="checkbox"/> f. Pus <input type="checkbox"/> g. Serous drainage <input checked="" type="checkbox"/> h. None of the above</p>

Scenario 2: Should I Collect Urine for Bacterial Culture? Algorithm for Nursing Home Residents*



Start Here →

Does the resident have clinical findings consistent with the McGeer or Loeb criteria (see other side) which may include the following

- Fever (T ≥37.5)
- Acute dysuria
- New/increased incontinence
- New/increased urgency
- New/increased frequency
- Suprapubic pain
- New onset delirium
- Costovertebral angle (flank) pain
- Gross hematuria (not related to catheter insertion)

No →

Do not collect urine
Communicate with Physician or NP

- Use SBAR approach to communicate
- Identify resident
- Present reason for UTI evaluation
- Present clinical findings; indicate no findings specific to a UTI
- Share plan to address clinical findings and not obtain a culture
- Follow resident's clinical status

Yes ↓

Could a non-UTI diagnosis explain the clinical findings?

- New frequency or incontinence → New diuretic treatment
- New hematuria → New catheter placement
- Fever → Known alternate source (e.g., new O₂ requirement suggests pneumonia) OR non-infectious cause (e.g., post-op fever within 48 hrs usually does not require a work-up)

Yes ↓

Do not collect urine
Communicate with Physician or NP

No ↓

Is a urine culture pending or resulted in the past 48 hrs to work up these symptoms?

Yes →

Do not collect urine
Communicate with Physician or NP

No ↓

Collect urine for culture

Do NOT collect a urine specimen for bacterial culture for:

- Altered mental status or confusion (with no clinical findings specific to a UTI from McGeer or Loeb criteria and no evidence of systemic infection)
- Weakness or falls (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Isolated dark or cloudy urine
- Isolated foul-smelling urine
- Pyuria or bacteriuria in asymptomatic residents (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Documentation of cure
- History of UTI

Adapted by the Fairfax County Health Dept. from the Johns Hopkins Univ. Hospital Department of Antimicrobial Stewardship

Guidance is consistent with Noelle et al, Clinical practice guideline for the management of asymptomatic bacteriuria, 2019 update by the Infectious Diseases Society of America

*This algorithm does NOT apply to residents with neurogenic bladder, pregnant persons, or residents with recent urologic procedures for whom mucosal bleeding is expected



Scenario 3

- 88-year-old male LTCF resident with recent mental status changes. Nurse observes the urine to be dark in color, malodorous, and cloudy. Temperature 37.3 C. Resident denies dysuria.
- Using the algorithm, would you make a recommendation to the medical director to collect a urine specimen for culture?
- If not, could a non-UTI rationale explain the clinical findings?
- Use SBAR approach for your recommendation.

Scenario 3 - PointClickCare



PointClickCare®

SECTION EV: Evaluation

INST.	Instructions	General Infection Evaluation	
		<p><i>This infection screening tool is designed to assist in identifying if a resident has clinical findings needed to determine if they MEET or have SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if criteria should be further investigated and a score will be generated. If the score is > 1 a case will be created in IPC. This evaluation is not meant to diagnose. Clinical findings should be reviewed with the provider.</i></p>	
A.	General Findings	<p>1. Age: > 65 years old</p> <p>2. Current, active diagnosis of infection</p> <p>3. Indwelling catheter in place (excluding supra-pubic)</p> <p>5. Diagnosis of COPD</p> <p>6. Malaise or loss of appetite</p> <p>7. Recent CXR</p> <p>8. Is resident being treated for active burns?</p>	<p>1. <input checked="" type="radio"/> a. Yes <input type="radio"/> b. No clear</p> <p>2. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>3. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>5. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>6. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>7. <input type="radio"/> a. Yes - negative for pneumonia <input type="radio"/> b. Yes - showing new infiltrates consistent with pneumonia <input checked="" type="radio"/> c. No clear</p> <p>8. <input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p>
B.	Vital Signs	1. Fever	<p><input type="checkbox"/> a. Single temp > 37.8 C (>100 F)</p> <p><input type="checkbox"/> b. Single temp > 38.9 C (102 F)</p>
			<p><input type="checkbox"/> d. Increase of > 1.5 C (>2.4 F) above baseline</p> <p><input type="checkbox"/> e. Repeated temp > 37.2 C (>99 F)</p> <p><input type="checkbox"/> f. Repeated rectal temp >37.5 C (99.5 F)</p> <p><input type="checkbox"/> g. Chills</p> <p><input type="checkbox"/> h. Afebrile</p> <p>2. New onset hypotension (no alternate non-infectious cause)</p> <p><input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>3. Respiratory rate: > 25 breaths/min</p> <p><input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>4. Pulse > 100 beats/min</p> <p><input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>5. Pulse oximetry < / = to 94% on room air</p> <p><input type="radio"/> a. Yes <input checked="" type="radio"/> b. No clear</p> <p>6. Pain</p> <p><input type="checkbox"/> a. Myalgia / body aches</p> <p><input type="checkbox"/> b. Sore throat</p> <p><input type="checkbox"/> c. Headaches or eye pain</p> <p><input type="checkbox"/> d. Acute pain, swelling, or tenderness of the testes, epididymis or prostate</p> <p><input type="checkbox"/> e. Acute dysuria</p> <p><input type="checkbox"/> f. Costovertebral angle pain or tenderness</p> <p><input type="checkbox"/> g. Abdominal pain / tenderness</p> <p><input checked="" type="radio"/> h. No pain</p> <p>1. Symptoms (new or marked increase)</p> <p><input type="checkbox"/> a. Delirium (reduced functional activities, withdraw, loss of appetite)</p> <p><input type="checkbox"/> b. Diarrhea (w/in last 24 hours)</p> <p><input type="checkbox"/> c. Difficulty swallowing</p> <p><input type="checkbox"/> d. Hoarseness</p> <p><input type="checkbox"/> e. Nausea</p> <p><input checked="" type="radio"/> f. New onset confusion</p> <p>2. Cough</p> <p><input type="radio"/> a. Yes <input type="radio"/> b. Yes - new or increased cough <input checked="" type="radio"/> c. No clear</p> <p>3. Eye complaints (symptoms for > 24 hours)</p> <p><input type="checkbox"/> a. Pus from one or both eyes <input type="checkbox"/> b. New or increased eye redness (w/ or w/o itching) <input type="checkbox"/> c. New or increased eye pain <input checked="" type="radio"/> d. No eye complaints</p> <p>4. Skin / wound characteristics</p> <p><input type="checkbox"/> a. New or increasing purulent drainage <input type="checkbox"/> b. Redness (erythema) <input type="checkbox"/> c. Tenderness <input type="checkbox"/> d. Warmth <input type="checkbox"/> e. New or increasing swelling at affected site <input type="checkbox"/> f. Pus <input type="checkbox"/> g. Serous drainage <input checked="" type="radio"/> h. None of the above</p>

Scenario 3: Should I Collect Urine for Bacterial Culture? Algorithm for Nursing Home Residents*



Start Here →

Does the resident have clinical findings consistent with the McGeer or Loeb criteria (see other side) which may include the following

- Fever (T ≥37.5)
- Acute dysuria
- New/increased incontinence
- New/increased urgency
- New/increased frequency
- Suprapubic pain
- New onset delirium
- Costovertebral angle (flank) pain
- Gross hematuria (not related to catheter insertion)

No →

Do not collect urine
Communicate with Physician or NP

- Use SBAR approach to communicate
 - Identify resident
 - Present reason for UTI evaluation
 - Present clinical findings; indicate no findings specific to a UTI
 - Share plan to address clinical findings and not obtain a culture
 - Follow resident's clinical status

Yes ↓

Could a non-UTI diagnosis explain the clinical findings?

- New frequency or incontinence → New diuretic treatment
- New hematuria → New catheter placement
- Fever → Known alternate source (e.g., new O₂ requirement suggests pneumonia) OR non-infectious cause (e.g., post-op fever within 48 hrs usually does not require a work-up)

Yes ↓

Do not collect urine
Communicate with Physician or NP

No ↓

Is a urine culture pending or resulted in the past 48 hrs to work up these symptoms?

Yes →

Do not collect urine
Communicate with Physician or NP

No ↓

Collect urine for culture

Do NOT collect a urine specimen for bacterial culture for:

- Altered mental status or confusion (with no clinical findings specific to a UTI from McGeer or Loeb criteria and no evidence of systemic infection)
- Weakness or falls (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Isolated dark or cloudy urine
- Isolated foul-smelling urine
- Pyuria or bacteriuria in asymptomatic residents (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Documentation of cure
- History of UTI

Adapted by the Fairfax County Health Dept. from the Johns Hopkins Univ. Hospital Department of Antimicrobial Stewardship

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*This algorithm does NOT apply to residents with neurogenic bladder, pregnant persons, or residents with recent urologic procedures for whom mucosal bleeding is expected



Scenario 4

- A newly admitted 83-year-old afebrile resident with an indwelling urinary catheter exhibits mental status changes for night shift staff but appears alert without confusion the next morning. When emptying the urinary drainage bag, the nurse assesses the urine appears cloudy. The resident denies any pain.
- Using the algorithm, would you make a recommendation to the medical director to collect a urine specimen for culture?
- If not, could a non-UTI rationale explain the clinical findings?
- Use SBAR approach for your recommendation.

Scenario 4 - PointClickCare



PointClickCare®

SECTION IV Evaluation

INST.	Instructions	General Infection Evaluation	
		<p><i>This infection screening tool is designed to assist in identifying if a resident has clinical findings needed to determine if they MEET or have SUSPECTED infection based on McGeer's or Loeb's criteria. Upon navigating to the next section, the system will identify if criteria should be further investigated and a score will be generated. If the score is > 1 a case will be created in IPC. This evaluation is not meant to diagnose. Clinical findings should be reviewed with the provider.</i></p>	
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B.	Vital Signs	1. Fever	<p>☐ a. Single temp > 37.8 C (>100 F)</p> <p>☐ b. Single temp > 38.9 C (102 F)</p>
		<p>2. New onset hypotension (no alternate non-infectious cause)</p> <p>3. Respiratory rate: > 25 breaths/min</p> <p>4. Pulse > 100 beats/min</p> <p>5. Pulse oximetry < / = to 94% on room air</p> <p>6. Pain</p> <p>1. Symptoms (new or marked increase)</p>	<p>☐ d. Increase of > 1.5 C (>2.4 F) above baseline</p> <p>☐ e. Repeated temp > 37.2 C (>99 F)</p> <p>☐ f. Repeated rectal temp >37.5 C (99.5 F)</p> <p>☐ g. Chills</p> <p>☑ h. Afebrile</p> <p>☐ a. Yes</p> <p>☑ b. No clear</p> <p>☐ a. Yes</p> <p>☑ b. No clear</p> <p>☐ a. Yes</p> <p>☑ b. No clear</p> <p>☐ a. Yes</p> <p>☑ b. No clear</p> <p>☐ a. Myalgia / body aches</p> <p>☐ b. Sore throat</p> <p>☐ c. Headaches or eye pain</p> <p>☐ d. Acute pain, swelling, or tenderness of the testes, epididymis or prostate</p> <p>☐ e. Acute dysuria</p> <p>☐ f. Costovertebral angle pain or tenderness</p> <p>☐ g. Abdominal pain / tenderness</p> <p>☑ h. No pain</p> <p>☐ a. Delirium (reduced functional activities, withdrawal, loss of appetite)</p> <p>☐ b. Diarrhea (w/in last 24 hours)</p> <p>☐ c. Difficulty swallowing</p> <p>☐ d. Hoarseness</p> <p>☐ e. Nausea</p> <p>☑ f. New onset confusion</p>
		<p>2. Cough</p> <p>3. Eye complaints (symptoms for > 24 hours)</p> <p>4. Skin / wound characteristics</p>	<p>☐ j. Presence of raised white patches on inflamed mucosa or plaque on oral mucosa</p> <p>☐ k. Purulent discharge from around catheter insertion site</p> <p>☐ l. Rigors</p> <p>☐ m. Runny nose or sneezing</p> <p>☐ n. Stuffy nose or nasal congestion</p> <p>☐ o. Supra-pubic tenderness</p> <p>☐ p. Swollen glands in neck</p> <p>☐ q. Urinary frequency</p> <p>☐ r. Urinary incontinence</p> <p>☐ s. Urinary urgency</p> <p>☐ t. Vesicular rash</p> <p>☐ u. Visible (gross) hematuria</p> <p>☐ v. Vomiting (w/in last 24 hours)</p> <p>☐ w. None of the above</p> <p>☐ a. Yes</p> <p>☐ b. Yes - new or increased cough</p> <p>☑ c. No clear</p> <p>☐ a. Pus from one or both eyes</p> <p>☐ b. New or increased eye redness (w/ or w/o itching)</p> <p>☐ c. New or increased eye pain</p> <p>☑ d. No eye complaints</p> <p>☐ a. New or increasing purulent drainage</p> <p>☐ b. Redness (erythema)</p> <p>☐ c. Tenderness</p> <p>☐ d. Warmth</p> <p>☐ e. New or increasing swelling at affected site</p> <p>☐ f. Pus</p> <p>☐ g. Serous drainage</p> <p>☑ h. None of the above</p>

Scenario 4: Should I Collect Urine for Bacterial Culture? Algorithm for Nursing Home Residents*



Start Here →

Does the resident have clinical findings consistent with the McGeer or Loeb criteria (see other side) which may include the following

- Fever (T ≥37.5)
- Acute dysuria
- New/increased incontinence
- New/increased urgency
- New/increased frequency
- Suprapubic pain
- New onset delirium
- Costovertebral angle (flank) pain
- Gross hematuria (not related to catheter insertion)

No →

Do not collect urine
Communicate with Physician or NP

- Use SBAR approach to communicate
 - Identify resident
 - Present reason for UTI evaluation
 - Present clinical findings; indicate no findings specific to a UTI
 - Share plan to address clinical findings and not obtain a culture
 - Follow resident's clinical status

Yes ↓

Could a non-UTI diagnosis explain the clinical findings?

- New frequency or incontinence → New diuretic treatment
- New hematuria → New catheter placement
- Fever → Known alternate source (e.g., new O₂ requirement suggests pneumonia) OR non-infectious cause (e.g., post-op fever within 48 hrs usually does not require a work-up)

Yes ↓

Do not collect urine
Communicate with Physician or NP

No ↓

Is a urine culture pending or resulted in the past 48 hrs to work up these symptoms?

Yes →

Do not collect urine
Communicate with Physician or NP

No ↓

Collect urine for culture

Do NOT collect a urine specimen for bacterial culture for:

- Altered mental status or confusion (with no clinical findings specific to a UTI from McGeer or Loeb criteria and no evidence of systemic infection)
- Weakness or falls (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Isolated dark or cloudy urine
- Isolated foul-smelling urine
- Pyuria or bacteriuria in asymptomatic residents (with no clinical findings specific to a UTI from McGeer or Loeb criteria)
- Documentation of cure
- History of UTI

Adapted by the Fairfax County Health Dept. from the Johns Hopkins Univ. Hospital Department of Antimicrobial Stewardship

Guidance is consistent with Noelle et al, Clinical practice guideline for the management of asymptomatic bacteriuria, 2019 update by the Infectious Diseases Society of America

*This algorithm does NOT apply to residents with neurogenic bladder, pregnant persons, or residents with recent urologic procedures for whom mucosal bleeding is expected