Ambulatory Emergency Care Pathways

UTI
## Content Summary

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<th>Title</th>
<th>Description</th>
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<td>Condition Details</td>
<td>Identifies pathway details and clinical sign-off</td>
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<td>Pathway Algorithm</td>
<td>Identifies the pathway to follow to identify patients suitable for Ambulatory Care</td>
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<td>Patient Criteria</td>
<td>Criteria for patients appropriate for the pathway</td>
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<td>Identifies Patient Information leaflets for issue to patients regarding their pathway</td>
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<td>KPIs</td>
<td>Identifies how the pathways are measured</td>
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</table>
1. Condition Details

<table>
<thead>
<tr>
<th>Condition Details Summary</th>
<th>Data (Baseline using 2010/11 outturn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRG/ICD-10 Codes</td>
<td>LA04C, LA04B / N300, N308, N309, N390</td>
</tr>
<tr>
<td>Total Patients per Month (Avg)</td>
<td>55.58</td>
</tr>
<tr>
<td>Bed Days Utilised per Month (Avg)</td>
<td>209.25</td>
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<tr>
<td>Number of Beds Utilised per Month (Avg)</td>
<td>0.57</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>3.76</td>
</tr>
<tr>
<td>Potential Percentage suitable for ambulatory care</td>
<td>30-60%</td>
</tr>
</tbody>
</table>

Sign Off:

Pathway Designed by Clinical Subject Matter Expert

__________________________ Signed
__________________________ Print

Pathway Approved by Specialty Lead

__________________________ Signed
__________________________ Print

Pathway Authorised by Divisional Director

__________________________ Signed
__________________________ Print
2. Pathway Algorithm

Patient Presents/Referred with: UTI

History & Examination
INCLUDING basic observations

Investigations
MSU Dipstick, Culture
Sensitivity, FBC, U&E, LFT, CRP

Red Flags:
CONFIRMED UTI AND Low BP AND OR Septic

Yes [ADMIT]

No

Simple or Recurrent UTI

Asymptomatic*

Symptomatic
Fever, Backache, Dysuria

Is there Pyelonephritis?

No

Send Urine for Culture
To be admitted?

Yes

Send Urine for Culture
(Request copy result to GP)
Specify GP on form.

Discharge Patient
Letter to GP
GP to F/Up if Required
“Tick” APD box on CAS Card

Leucocyte +ve
& Nitrate +ve
Probably is UTI

Leucocyte –ve
& Nitrate +ve
May be UTI

Leucocyte +ve
& Nitrate –ve
May be UTI

Leucocyte –ve
& Nitrate –ve
Probably isn’t UTI

Send Urine for Culture

Discharge Patient
Letter to GP
GP to F/Up if Required
“Tick” APD box on CAS Card

**Avoid treatment if urethral catheter in situ & patient asymptomatic

*Leucocyte +ve
& Nitrate +ve
Probably is UTI

Leucocyte –ve
& Nitrate +ve
May be UTI

Leucocyte +ve
& Nitrate –ve
May be UTI

Leucocyte –ve
& Nitrate –ve
Probably isn’t UTI

Send Urine for Culture

Discharge Patient
Letter to GP
GP to F/Up if Required
“Tick” APD box on CAS Card

**Avoid treatment if urethral catheter in situ & patient asymptomatic

**Review previous urine culture results; may modify antibiotic chosen.

**Nitrofurantoin as per Trust ABx Guidelines
Avoid if eGFR <60 or in 3rd trimester of pregnancy.

**Trimethoprim as per Trust ABx Guidelines

**Ciprofloxacin as per Trust ABx guidelines

**ABx as per Trust ABx Guidelines

No

Send Urine for Culture

Discharge Patient
Letter to GP
GP F/Up (Patient to arrange with GP)
Refer to Urology (OP USS) if ? CA
“Tick” APD box on CAS Card
3. Patient Criteria

Red Flags - Exclude the following Patients and Admit:

<table>
<thead>
<tr>
<th>CONFIRMED UTI AND Low BP AND / OR Septic</th>
</tr>
</thead>
</table>

Clinical Criteria that requires addressing same day for AECP, else Admit / Reconsider Diagnosis:
4. Patient Information

What is Urinary Tract Infection?
When bacteria (germs) get into the urinary tract, they can cause Urinary Tract Infection (UTI). A UTI can be infection of the bladder (cystitis) or the kidney (pyelonephritis).

What is the Urinary Tract?
The urinary tract includes two kidneys, two ureters, the bladder and the urethra.

- **Kidneys** - Make urine. They clean the blood and remove waste products in the form of urine
- **Ureters** - Are long tubes attached to the kidneys which carry urine to the bladder
- **Bladder** - Collects and holds the urine until it leaves the body.
- **Urethra** - The opening where urine leaves the body.

How can you get a UTI?
Germs (bacteria) enter the urinary tract from the urethral opening. Good hygiene may help decrease the chance of infection.

How will I know a UTI?
Some people will have many signs, some may only have one. Look for one or more of the signs listed below:

- Fever
- Pain or burning when urinating
- Needing to urinate more often than usual
- Having the urge to urinate even after finishing urinating
- Bad smelling urine
- Pain to back, side, lower belly, inner thigh or genital (vagina or penis) area
- Vomiting
- Inability to control urination (bedwetting, accidents)
- Not wanting to eat
- Diarrhoea (watery stools)
- Poor growth
- Dehydration (not drinking or peeing enough)

How will the doctor know if you have a UTI?
- A urine sample will be taken and sent for laboratory testing (urinalysis and urine culture). The test looks for white blood cells and bacteria in the urine.
- An ultrasound, x-ray, or other tests may also be ordered to look for changes in the normal anatomy of the urinary tract.
What can I do to help prevent a UTI? What can I do at home?

• **Urinate often.** This expels germs from the urethra.
• **Treat constipation** (hard stools or bowel movements too infrequent) Constipation can cause pressure or blockage and the bladder may not empty properly
• **Practice good hygiene.** Women should wipe from front to back after going to the bathroom and should pee soon after having sex..
• For men, it is important to clean around and under the foreskin, but don't retract the foreskin if it is difficult.
• **Avoid tight clothing**
• **Stay Hydrated** (Drink enough)

What is the treatment?
Infections are usually treated with antibiotics unless otherwise advised by your Doctor.

What can I do if I become worried about my condition?
If at any point you are concerned, please see your GP or contact NHS Direct on 0845 46 47.

The information in this leaflet is not intended to replace the advice given to you by your doctor or the service looking after you.
### 5. KPIs

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Description</th>
<th>How it will be measured</th>
<th>Baseline (2010/11)</th>
<th>At Min %</th>
<th>At Max %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core KPIs</td>
<td>Reduction in the number of patients requiring a stay of more than 24 hours (i.e. a 0-Day LoS)</td>
<td>PAS</td>
<td>667</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Reduction in the Avg number of Bed Days utilised for the condition</td>
<td>PAS</td>
<td>753</td>
<td>63</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>Reduction in Bed Numbers</td>
<td>PAS</td>
<td>6.87</td>
<td>0.17</td>
<td>0.34</td>
</tr>
<tr>
<td>Other KPIs</td>
<td></td>
<td></td>
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**Scope:** Patients entering the AECP Pathway at St. Peter’s Hospital

**Governance:** Reports to the Unscheduled Care Programme Board and Divisional Performance Review Meetings

- Above Min and Max figures are part year effects for 2011/12 based on month of implementation