



Community Acquired UTI in Adults

Background.

Infections of the urinary tract are the second most common type of infection in the body. Urinary tract infections (UTIs) account for huge numbers of doctor visits each year. Women are especially prone to UTIs for reasons that are not yet well understood. One woman in five develops a UTI during her lifetime. UTIs in men are not as common as in women but can be very serious when they do occur.

Some people are more prone to getting a UTI than others. Any abnormality of the urinary tract that obstructs the flow of urine (a kidney stone, for example) sets the stage for an infection. An enlarged prostate gland also can slow the flow of urine, thus raising the risk of infection. People with diabetes have a higher risk of a UTI because of changes in the immune system. Any other disorder that suppresses the immune system raises the risk of a urinary infection.

While a common source of infection is catheters, or tubes, placed in the urethra and bladder this audit is not to do with the care of patients who have these precipitating them. Rather it has been designed to reflect the level of care offered to patients who attend the ED with this common minor community acquired illness.



Special points of interest:

- Nearly 20 percent of women who have a UTI will have another, and 30 percent of those will have yet another
- One factor behind recurrent UTIs may be the ability of bacteria to attach to cells lining the urinary tract
- When a UTI occurs in a pregnant woman it is more likely to travel to the kidneys.
- Women who use a diaphragm are more likely to develop a UTI than women who use other forms of birth control

Methods

Retrospective audit

Sample: 30-50 Emergency Department patient records.

Criteria

Inclusions: All patients with the signs and symptoms of UTI aged 16 or over

Exclusions: Patients who have recently have urological surgery, urethral catheterisation or who have an indwelling urinary catheter, and children under 16.

Please ensure you register the audit with your Trust Clinical Audit Department

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms:

The search should extend over a sufficient period to include the 30 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

Work plan

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

Week 5-6, preparing the Powerpoint presentation of your findings

Presentation of findings

The data should be collated and then presented using the associated PowerPoint presentation with the new data entered.




Data **MUST** then be uploaded onto www.stemlyns.org.uk/admin as instructed. Please obtain the username and password from your audit lead.

For further information contact:



How to upload the audit data

- www.stemlyns.org/admin
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

Traffic lights: within 5% of target  within 6-15%  within 16% + 

Criteria	Standard (%)	Standard achieved Locally (%)	Standard Achived Re-gionally (%)	Standard Met?	Status
Urine stick test for nitrites and leucocytes	100				
Patient prescribed appropriate antibiotics (local policy—contact microbiology)	100				
MSSU sent if dipstick positive	100				
Documented evidence of follow-up arrangements if organism resistant to prescribed antibiotics	100				





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Clinical scenario

Infections of the urinary tract are the second most common type of infection in the body. Urinary tract infections (UTIs) account for huge numbers of doctor visits each year. While a common source of infection is catheters, or tubes, placed in the urethra and bladder this audit is not to do with the care of patients who have these precipitating them. Rather it has been designed to reflect the level of care offered to patients who attend the ED with this common minor community acquired illness.

Audit question

Are community acquired UTI's managed appropriately according to best practice criteria

Method

Retrospective audit of 30-50 Emergency Department patient records.

Inclusions: All patients with the signs and symptoms of UTI aged 16 or over

Exclusions: Patients who have recently have urological surgery, urethral catheterisation or who have an indwelling urinary catheter, and children under 16.

Results

Date	Patients	Measured	Results	Standard	Regional avg.
1st August 2007	Patients attending ED with community acquired UTIs	Management of patient according to criteria	Urine stick test for nitrites and leucocytes	100 %	-
			Patient prescribed appropriate antibiotics (local policy—contact microbiology)	100 %	-
			MSSU sent if dipstick positive	100 %	-
			Documented evidence of follow-up arrangements if organism resistant to prescribed antibiotics	100 %	-

Comment

To be completed

Audit Bottom Line

To be completed