

URINARY TRACT INFECTIONS (UTI) IN RESIDENTIAL CARE FACILITIES/ NURSING HOMES V2.0

Comments from the Expert Advisory Group

Diagnosis of UTI

- ✓ For information on diagnosis of UTI in patients ≥ 65 years in residential care facilities please see the [Decision Aid for the Management of Suspected Urinary Tract Infection \(UTI\) in Older Persons \(aged 65 and Over\) in Residential Care](#).
- ✓ Diagnosis of UTI should be based on a full clinical assessment.
- ✓ Dysuria, frequency, urgency, new onset incontinence, fever, suprapubic/ flank pain and haematuria are significant indicators of Urinary Tract Infection.
- ✓ Residents may have non-specific signs including confusion, lethargy, decreased oral intake and/or agitation and other causes for these signs should be also be considered.
- ✓ Consider other causes of urinary signs and symptoms such as Genitourinary Syndrome of Menopause (vulvovaginal atrophy), urethritis and sexually transmitted infections.
- ✓ Consider acute prostatitis in males >50 years with lower urinary tract symptoms, and referral for specialist opinion is advisable for recurrent UTI in males.
- ✗ The use of dipstick urinalysis in assessing for evidence of a UTI in all persons aged 65 years or over OR in those with a catheter is not a useful guide to management and is not recommended. For full guidance on dipstick urinalysis see [Position Statements Dipstick Urinalysis for UTIs in Adults](#). The 'SKIP THE DIP for UTI in over 65s' quality improvement initiative supports best practice in the management of UTI in older persons.
- ✗ Cloudy or foul-smelling urine are NOT indicators of UTI in the absence of signs and symptoms. In the absence of signs and symptoms of a UTI this may be suggestive of dehydration rather than of infection.

Empirical Treatment of UTI in Residents

1. Only consider empiric antibiotic therapy in SYMPTOMATIC residents.
2. Antibiotics (particularly ciprofloxacin and cephalosporins) are associated with *C. difficile infection* in elderly patients. Give antibiotics only if clinically indicated and avoid these agents where there is an alternative.
3. Choice of empirical therapy should be guided by local resistance rates where available.
4. Check the resident's previous culture results and do not use an antibiotic empirically if an organism resistant to that antibiotic has recently been cultured (within 3 months).
5. Modify treatment according to culture results when available.

URINARY TRACT INFECTIONS (UTI) IN RESIDENTIAL CARE FACILITIES/ NURSING HOMES V2.0

Treatment

Treatment guidelines for those in Residential Care Facilities/ Nursing Homes do not vary compared to those in the rest of Primary Care. For guidelines please see the following:

[Uncomplicated UTI in Adult Non-Pregnant Females](#)

[Uncomplicated UTI in Adult Male i.e. no fever or flank pain](#)

[Catheter Associated-UTI \(CA-UTI\)](#)

[Acute Pyelonephritis](#)

Other considerations in the management of Urinary Tract Infections

When should I send a urine to the lab for culture?

✓ Send urine to the lab in residents with signs and symptoms of a UTI

✗ ****DO NOT SEND URINE FOR CULTURE IF THERE ARE NO SIGNS AND SYMPTOMS OF UTI****

✓ Positive culture with no symptoms = asymptomatic bacteriuria (ASB), not infection, and does not generally require antibiotic treatment in this patient group.

Should I consider antimicrobial prophylaxis?

✗ ****DO NOT ROUTINELY USE ANTIBIOTIC PROPHYLAXIS TO PREVENT URINARY TRACT INFECTION****

- Antimicrobial prophylaxis may be considered in patients for whom the number of urinary infections are of such frequency or severity that they chronically impinge on function and well-being.
- For guidance on antimicrobial prophylaxis see [Recurrent UTI in Adult Non-Pregnant Females](#) guideline
- For guidance on de-prescribing antibiotic prophylaxis see [De-prescribing UTI Prophylaxis](#). Patients on antibiotic prophylaxis for UTI with breakthrough infections with urine cultures confirming resistance to prophylactic agent should have their prophylaxis stopped (exposure to antibiotic without benefit) and a clinical review to discuss ongoing management and /or need for referral.

One of the key findings from HSE Older Persons RCF Antimicrobial PPS 2020/21 was that there was a higher prevalence of overall antibiotic use and prophylactic antibiotic use in HSE OPS RCFs in Ireland compared to European mean. UTIs accounted for 50% of infections treated with antibiotics. A key recommendation is to review ongoing need for UTI prophylaxis in excess of 6 months.

Patient Information

[HSE A to Z Urinary tract infections](#)

HSE Antimicrobial Resistance and Infection Control Programme

Version V2.0 Reviewed: September 2023

Document uploaded onto the HSE.ie site in February 2026