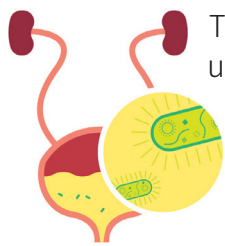


To Dip or Not to Dip?

'To Dip or Not to Dip' is an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains more about UTIs and the 'To Dip or Not to Dip' care pathway.

The presence of bacteria in the urine in older people

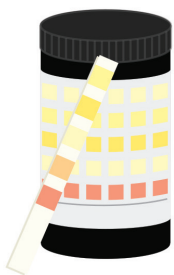


The presence of bacteria in the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine

of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long-term urinary catheter, this rises to 100%.

What's the problem with urine dipsticks?

Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive result for 'nitrite' (bacterial marker) or 'leucocyte' (white blood cell marker) may be a normal finding because of the high proportion of older people that have bacteria in the urine. Often, if a resident has



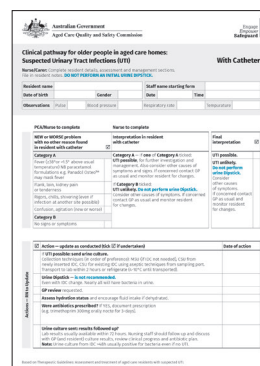
a positive dipstick result and has non-specific symptoms, such as had a fall or is drowsy, they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and the resident may receive antibiotics unnecessarily.

Antibiotics: More harm than good?

Antibiotics are powerful and precious drugs. Bacteria can develop antibiotic resistance. This means that antibiotics may not work when a person really does need them and these resistant bacteria can spread very easily in an aged care home setting. Side effects such as nausea, stomach upset and skin rashes are common in older people receiving antibiotics. A life-threatening infection called C.difficile diarrhoea (or 'C. diff') can be caused by antibiotics. Everyone has a responsibility to protect antibiotics and they should only be used when there is strong evidence of a bacterial infection.



To Dip or Not to Dip Clinical Pathway



Aged care home staff use a Clinical Pathway which is based on best practice guidelines. Urine dipsticks are not used first up. Instead staff use the Clinical

Pathway to focus on assessing for symptoms and signs that suggest UTI or other causes, and what actions to take. If UTI is suspected, collecting urine cultures is very important to allow treatment with the best and safest antibiotic.

Questions?

Please contact your manager or IPC Lead.

Adapted from NHS Nottinghamshire County Council 'To Dip or Not to Dip' project and Dr Annie Joseph's work. 'To Dip or Not To Dip' is adapted from a successful NHS Quality Improvement project in care homes in England.

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Australian Government
Aged Care Quality and Safety Commission

