

McGeer Criteria for LTC Urinary Tract Infections

(2012 Update)

For Urinary Tract Infections **without a catheter** the new definitions differ substantially from the original guidelines. The definitions take into account the low probability of UTI in residents without catheters if symptoms are not present as well as they now take into account the need for a urine culture for microbiologic confirmation.

- Change in character of urine was removed
- Urine culture is now needed for diagnosis

New Criteria for UTI without a Catheter: (Both criteria 1 and 2 must be present)

Criteria 1

At least one of the following sign or symptom criteria:

- a. Acute dysuria or acute pain, swelling, or tenderness of the testes, epididymis, or prostate
- b. Fever or leukocytosis (See Constitutional Criteria Table) **and at least one** of the following localizing urinary tract sub-criteria:
 - i. Acute costovertebral angle pain or tenderness
 - ii. Suprapubic pain
 - iii. Gross hematuria
 - iv. New or marked increase in incontinence
 - v. New or marked increase in urgency
 - vi. New or marked increase in frequency
- c. In the absence of fever or leukocytosis, **then 2 or more** of the following subcriteria:
 - i. Suprapubic pain
 - ii. Gross hematuria
 - iii. New or marked increase in incontinence
 - iv. New or marked increase in urgency
 - v. New or marked increase in frequency

Criteria 2

- a. At least 10^5 cfu/mL of no more than 2 species of microorganisms in a voided urine sample
- b. At least 10^2 cfu/mL of any number of organisms in a specimen collected by in-and-out catheter

With the new change in surveillance guidelines, it is not only important that we train our staff but that we look at how to operationalize infection prevention strategies.

Operational strategies for consideration:

UTI's:

- Educate staff on criteria for urinary tract infections
- Provide training on pericare and catheter care
- Encourage hydration
- Obtain baseline vital signs
- Obtain protocols to notify MD with change in condition
- Review medications
- Perform thorough assessment of urinary incontinence
- Provide training on pain assessment and management
- Referrals as needed to urology for chronic urinary tract infections