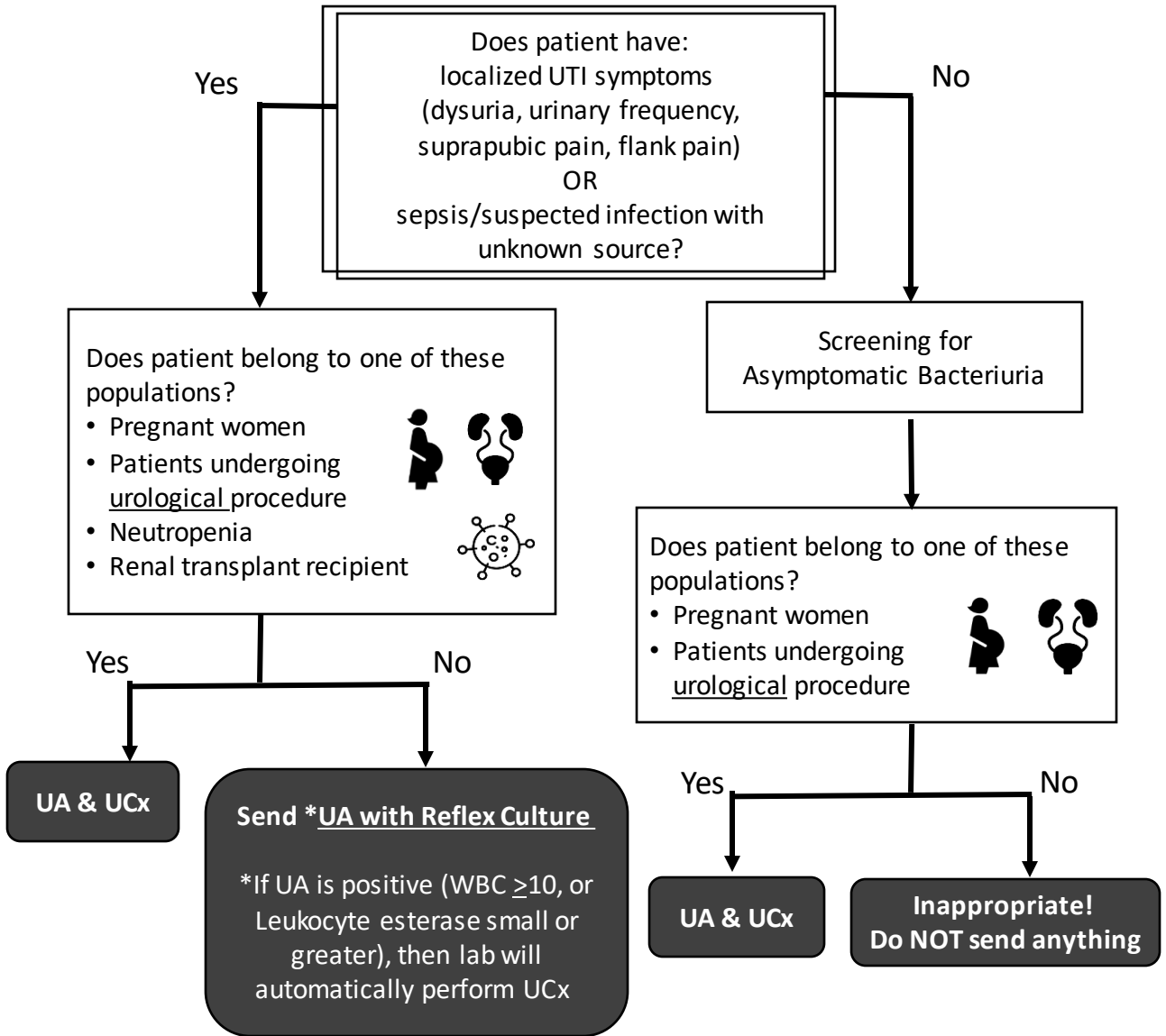


Flow chart for ordering Urine Culture



How to send urine specimen from indwelling Foley catheter

- If patient has catheter for
- ≥7 days then remove indwelling catheter, collect urine specimen via straight cath or from new indwelling catheter
 - <7 days, then collect urine specimen via the sampling port

NEVER collect from urine bag

Clinical scenarios when urine specimen should NOT be sent

- Urine color change, cloudiness, malodorous, or sediment alone
- Screening asymptomatic patients, including elderly, demented, or diabetics
- Screening asymptomatic patients with chronic indwelling Foley catheter upon admission
- Pre-op (except for urological procedure) or post-op screening
- Test of cure after UTI treatment

Asymptomatic Bacteriuria ≠ UTI
when you should NOT send urinalysis or urine culture

Asymptomatic bacteriuria:

Presence of bacteria >10⁵ CFU in the urine regardless of the presence of pyuria, in the absence of signs or symptoms attributable to UTI



Only two indications to treat asymptomatic bacteriuria

- Pregnant women
- Patients undergoing urological procedure



Prevalence of Asymptomatic Bacteriuria

Population	Prevalence
People with diabetes	
Women	10.8-16 %
Men	0.7-11 %
Elderly in the community (≥70 y)	
Women	10.8-16 %
Men	3.6-19 %
Elderly in a long-term care facility	
Women	25-50 %
Men	15-50 %
People with indwelling catheter	
Short-term catheter	3%-5%/day
Long-term catheter	100 %

Why is it bad to treat asymptomatic bacteriuria?

- *C.difficile* infection
- More resistant bacteria
- Drug-drug interactions
- Drug allergies
- Drug adverse effects



No UTI symptoms



Do not test urine unless treatment is indicated if positive

Positive urine culture resulted. Unclear why the test was done.



Evaluate patient clinically to determine whether or not treatment is indicated

MYTH	FACT
Patients with diabetes or dementia should be screened or treated for asymptomatic bacteriuria	Treatment of asymptomatic bacteriuria in these population conferred no benefit and some adverse outcomes have been reported due to treatment.
Patients with an indwelling urinary catheter should be screened or treated for asymptomatic bacteriuria, especially upon admission	All patients ultimately develop bacteriuria if an indwelling catheter remains in situ. Treating urinary organisms does not reduce mortality or the risk of bacteremia from any source.
Patients undergoing elective <u>non</u> -urological surgery should be screened and treated for asymptomatic bacteriuria	Antimicrobial therapy for asymptomatic bacteriuria in this population has no benefit. Untreated asymptomatic bacteriuria does not increase the risk of bacteremia. Patients with surgical site infection usually grow a different pathogen compared to the preoperative urine, suggesting a source other than the urine.
Pyuria (WBC in urine) or abnormal urinalysis can differentiate asymptomatic bacteriuria vs UTI	Patients with asymptomatic bacteriuria often have pyuria or abnormal urinalysis.

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Resident Physicians as Champions in Preventing Device-Associated Infections, "Preventing CAUTI: Focus on Culturing Stewardship"
<https://www.ahrq.gov/hai/cauti-tools/phys-championsgd/section7.html>