



Case 1: Acute onset of dysuria & Fever

- **Situation:** Jimmy has sudden onset of acute dysuria and frequency. Gross hematuria is present with small clots. There is no suprapubic or costovertebral tenderness.
- **Resident evaluation:** He has mildly increased confusion since mid-afternoon today. He has had a functional decline requiring an increase in staff assist with bed mobility, transfers, and other ADLs. His appetite is diminished and oral fluid intake in the last 16hr is 600 CCs. Lungs are clear. Bowel sounds are present in all 4 quadrants. Abdomen is non-tender with no vomiting or diarrhea. His urine is dark colored and has mucous shreds.
- **Appearance:** This resident is exhibiting localizing urinary tract signs and symptoms with hypoxia and warning signs of fever and tachycardia.

Vitals

- **Temperature:** 102.3 (oral),
Pulse: 104 apical
irregular, **Respirations:** 30
and shallow, **B/P:** 150/80,
O2 Sat on room air is 86%.
- **Finger stick Blood Sugar:**
166

Background

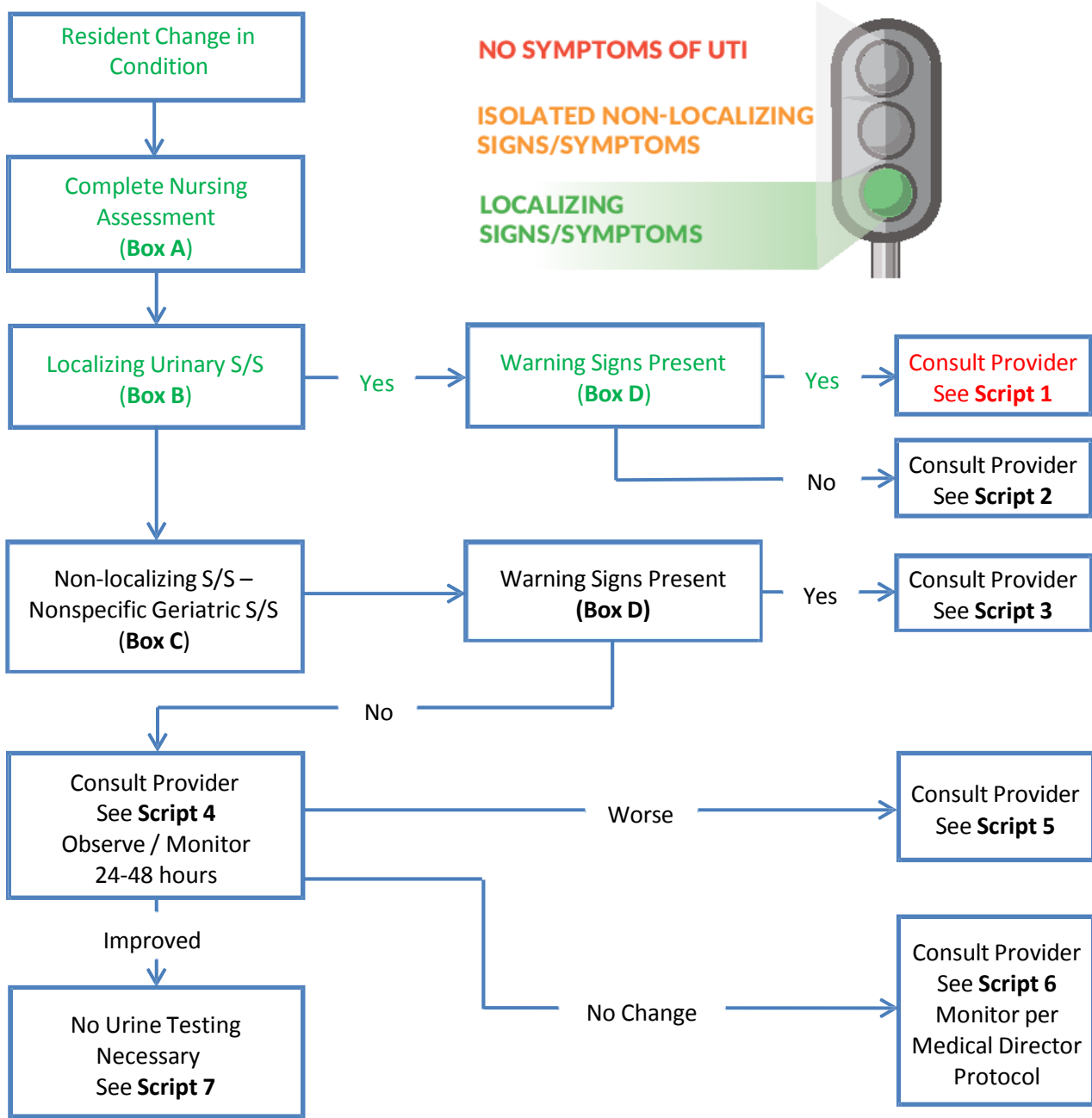
- **Diagnoses:** Dementia, COPD,
Type II DM, CHF, Hx CVA
with left hemiplegia, MRSA
carrier
- **Recent antibiotics:** 10 days
for uncomplicated UTI 9/12-
9/22
- **Allergies:** Ciprofloxin
- **Anticoagulants,**
Hypoglycemic, Digoxin: None
- **Code Status:** DNR



Case Study 1 – Answer Keys

When to Test Urine – Nursing Tool

Wisconsin Healthcare-Associated Infections in LTC Coalition



NO SYMPTOMS OF UTI

ISOLATED NON-LOCALIZING SIGNS/SYMPTOMS

LOCALIZING SIGNS/SYMPTOMS



<p>Box A Nursing Assessment Complete Nursing Assessment See Nursing Assessment on reverse side of this tool</p>
<p>Box B Localizing Urinary S/S</p> <ul style="list-style-type: none"> • Acute dysuria • New or worsening frequency • New or worsening urgency • New or worsening incontinence • Gross hematuria • Suprapubic pain • Costalvertebral angle pain • New scrotal / prostate pain • Urethral purulence
<p>Box C Non-localizing / Non-Specific Geriatric S/S</p> <ul style="list-style-type: none"> • Behavior Changes • Functional Decline • Mental Status Change • Falls • Restlessness • Fatigue • “Not Being Her-Himself”
<p>Box D Warning Signs</p> <ul style="list-style-type: none"> • Fever • Clear-cut Delirium <ul style="list-style-type: none"> ○ Altered LOC ○ Disorganized Thinking ○ Psychomotor Retardation • Rigors (shaking chills) • Hemodynamic Instability <ul style="list-style-type: none"> ○ Hypotension ○ Tachycardia



Script I Physician Communication Localizing Signs and Symptoms with Warning Signs

Wisconsin Healthcare-Associated Infections in LTC Coalition

**PHONE CONTACT
NECESSARY**

Resident: Jimmy Issick

Provider: Dr. Wesby

Date: 11/7/15 8:00PM

This message is to inform you of a change in condition:

Chief Complaint: Acute onset of dysuria and fever over the last two hours.

Situation: Jimmy has sudden onset of acute dysuria and frequency. Gross hematuria is present with small clots. There is no suprapubic or costovertebral tenderness.

Vitals: Temperature 102.3 (oral) Pulse 104 apical and irregular, Respirations 30 and shallow, B/P 150/80. O2 Sat on room air is 86%.

Finger-stick Blood Sugar: 166

Background:

Diagnoses: Dementia, COPD, type 2 DM, CHF, Hx CVA with left hemiplegia, MRSA carrier

Recent antibiotics: Had Trimeth/Sulfa 10 days for Lower Resp Infx 9/12-9/22

Allergies: Ciprofloxin

Anticoagulants, Hypoglycemics, Digoxin: None

Code Status: DNR

Resident evaluation: He has mildly increased confusion since mid-afternoon today. He has had a functional decline requiring an increase in staff assist with bed mobility, transfers, and other ADL's. His appetite is diminished and oral fluid intake in the last 16hr is 600 CCs. Lungs are clear. Bowel sounds are present in all 4 quadrants. Abdomen is non-tender with no vomiting or diarrhea. He has mucous shreds, urine is dark colored.

Appearance: This resident is exhibiting localizing urinary tract signs and symptoms with hypoxia and warning signs of fever, tachycardia.

Review/Notify: According to our understanding of best practices and our facility protocols, the information is sufficient to indicate an active urinary tract infection. We request an order to obtain a urinalysis and culture. Please advise regarding further treatment.