



## Case 2 - Localizing Signs/Symptoms w/o Warning Signs

**Situation:** Tommy has acute onset of dysuria, urgency and frequency with no costo-vertebral or suprapubic tenderness. Urine is clear and amber

**Resident evaluation:** He has no recent med changes or change in mental status. His oral intake is unchanged, weight is stable, follows commands and is oriented in person, place, and time. He has no shortness of breath, chest or abdominal pain and he has not vomited. Bowel sounds are normal

**Appearance:** The resident is exhibiting localizing signs and symptoms of a localized urinary tract infection without warning signs.

### Vitals

**Temperature:** 98 (Oral)

**Pulse:** 78 (apical)

**BP:** 112/68

**O2 Sat:** 94% RA

**Finger stick Blood Sugar:** 166

### Background

**Diagnoses:** COPD, mild CHF, HTN

**Recent antibiotics:** None

**Allergies:** Trimeth/sulfa

**Anticoagulants,**

**Hypoglycemics, Digoxin:** none

**Code Status:** Full Code

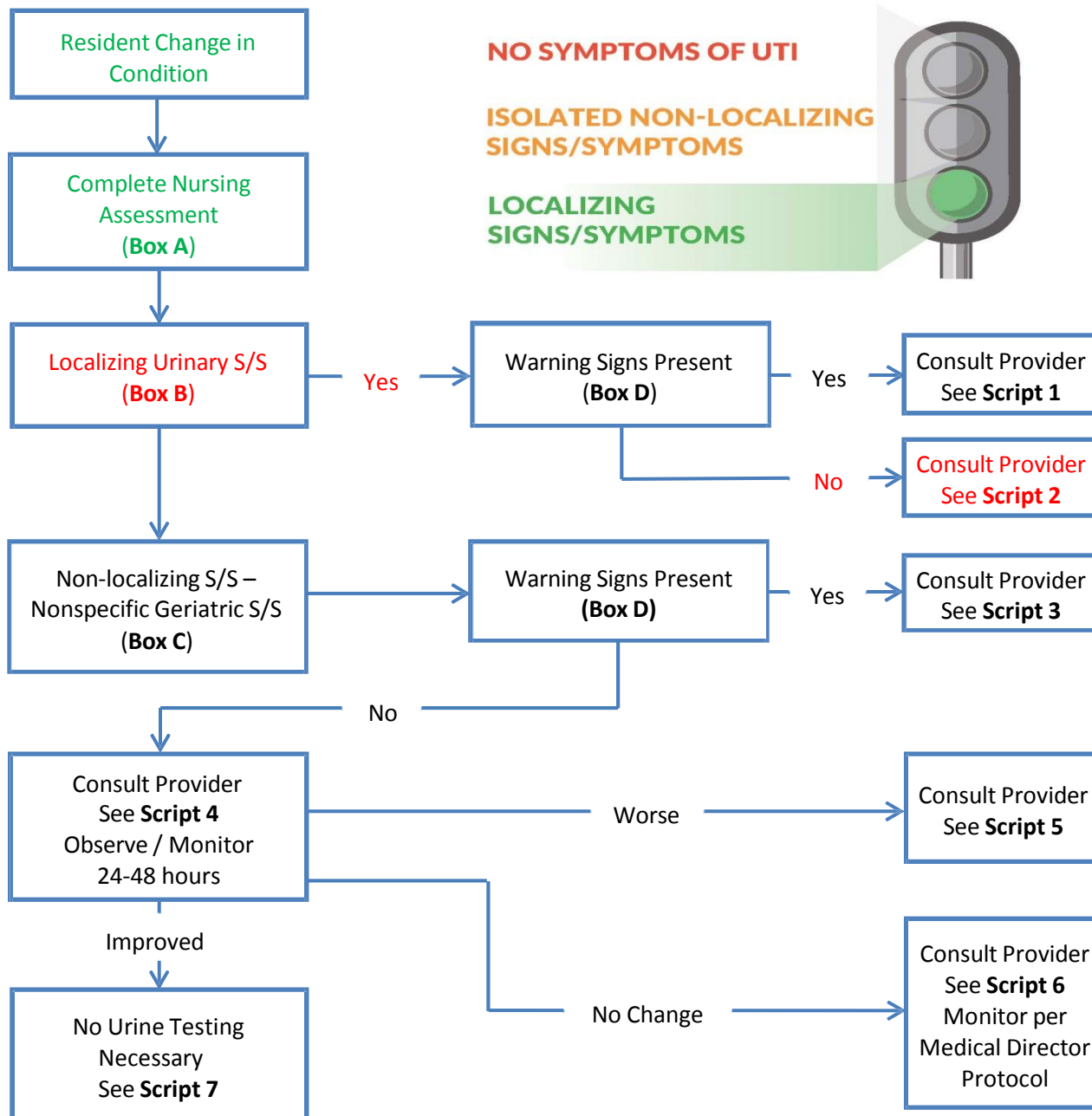


## Case Study 2 – Answer Keys

# When to Test Urine – Nursing Tool

## Case Study 2 – Nursing Tool Answer Key

### Wisconsin Healthcare-Associated Infections in LTC Coalition



**NO SYMPTOMS OF UTI**

**ISOLATED NON-LOCALIZING SIGNS/SYMP TOMS**

**LOCALIZING SIGNS/SYMP TOMS**



**Box A**  
Nursing Assessment  
Complete Nursing Assessment  
See Nursing Assessment on reverse side of this tool

- Box B**  
Localizing Urinary S/S
- 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

- Box C**  
Non-localizing / Non-Specific Geriatric S/S
- Behavior Changes
  - Functional Decline
  - Mental Status Change
  - Falls
  - Restlessness
  - Fatigue
  - “Not Being Her-Himself”

- Box D**  
Warning Signs
- Fever
  - Clear-cut Delirium
    - Altered LOC
    - Disorganized Thinking
    - Psychomotor Retardation
  - Rigors (shaking chills)
  - Hemodynamic Instability
    - Hypotension
    - Tachycardia



## SCRIPT 2 - PHYSICIAN COMMUNICATION

### Localizing Signs and Symptoms without Warning Signs

MAY FAX

Resident: Tommy Needalittlehelp  
Date: 11/7/15 3:00PM

Provider: Dr. Wesby

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

**Chief Complaint:** Acute onset of dysuria, urgency and frequency starting after lunch today.

**Situation:** Tommy is complaining of acute dysuria, urgency and frequency. He has been incontinent three times today which is unusual for him. Urine is clear and amber in color. He has no costovertebral angle tenderness or suprapubic tenderness. He is not otherwise in distress.

**Vitals:** Temperature 98 (oral), Pulse 78 apical, Respirations 20 and unlabored, B/P 112/68, O2 Sat 94%.  
Finger-stick Blood Sugar: 166

#### Background

Diagnoses: COPD, mild CHF, HTN  
Recent antibiotics: None  
Allergies: Trimeth / Sulfa  
Anticoagulants, Hypoglycemic, Digoxin: None  
Code Status: Full code

**Resident evaluation:** He's had no recent medication changes. He has no change in mental status and is oriented to person, place and time and follows commands. He is independent with ADLs. He's eating and drinking and is on a 1400 cc 24 hr. fluid restriction and took in 1400 ccs in the last 24 hours. His weight is stable. There is no shortness of breath, chest or abdominal pain and he is not vomiting. Bowel sounds are active in all quadrants.

**Appearance:** This resident is exhibiting localizing symptoms suggesting the need to obtain a urinalysis.

**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 permission to obtain a urinalysis, continue to encourage fluids within resident's fluid restriction guidelines and continue to observe. This resident does NOT need an immediate prescription for an antibiotic, but may need further evaluation and treatment. We will update MD with lab results.