

# Suspected UTI **SBAR**

Complete this form before contacting the resident's physician.

Date/Time \_\_\_\_\_

Nursing Home Name \_\_\_\_\_

Resident Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician/NP/PA \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Nurse \_\_\_\_\_ Facility Phone \_\_\_\_\_

Submitted by  Phone  Fax  In Person  Other \_\_\_\_\_

## **S** Situation

I am contacting you about a suspected UTI for the above resident.

Vital Signs BP \_\_\_\_\_ / \_\_\_\_\_ HR \_\_\_\_\_ Resp. rate \_\_\_\_\_ Temp. \_\_\_\_\_

## **B** Background

Active diagnoses or other symptoms (especially, bladder, kidney/genitourinary conditions)

Specify \_\_\_\_\_

- No  Yes The resident has an indwelling catheter
- No  Yes Patient is on dialysis
- No  Yes The resident is incontinent **If yes, new/worsening?**  No  Yes
- No  Yes Advance directives for limiting treatment related to antibiotics and/or hospitalizations  
Specify \_\_\_\_\_  
\_\_\_\_\_
- No  Yes Medication Allergies  
Specify \_\_\_\_\_  
\_\_\_\_\_
- No  Yes The resident is on Warfarin (Coumadin®)



Nursing Home Name \_\_\_\_\_ Facility Fax \_\_\_\_\_

Resident Name \_\_\_\_\_

### **A Assessment Input (check all boxes that apply)**

#### **Resident WITH indwelling catheter**

The criteria are met to initiate antibiotics if one of the below are selected

##### **No Yes**

- Fever of 100°F (38°C) or repeated temperatures of 99°F (37°C)\*
- New back or flank pain
- Acute pain
- Rigors /shaking chills
- New dramatic change in mental status
- Hypotension (significant change from baseline BP or a systolic BP <90)

#### **Resident WITHOUT indwelling catheter**

Criteria are met if one of the three situations are met

##### **No Yes**

- 1. Acute dysuria alone

##### **OR**

- 2. Single temperature of 100°F (38°C) **and** at least one new or worsening of the following:
  - urgency  suprapubic pain
  - frequency  gross hematuria
  - back or flank pain  urinary incontinence

##### **OR**

- 3. No fever, but two or more of the following symptoms:
  - urgency  suprapubic pain
  - frequency  gross hematuria
  - incontinence

**Nurses:** Please check box to indicate whether or not criteria are met

- Nursing home protocol criteria are met.** Resident may require UA with C&S or an antibiotic.†
- Nursing home protocol criteria are NOT met.** The resident does NOT need an immediate prescription for an antibiotic, but may need additional observation.††

### **R Request for Physician/NP/PA Orders**

Orders were provided by clinician through  Phone  Fax  In Person  Other \_\_\_\_\_

Order UA

Urine culture

Encourage \_\_\_\_\_ ounces of liquid intake \_\_\_\_\_ times daily until urine is light yellow in color.

Record fluid intake.

Assess vital signs for \_\_\_\_\_ days, including temp, every \_\_\_\_\_ hours for \_\_\_\_\_ hours.

Notify Physician/NP/PA if symptoms worsen or if unresolved in \_\_\_\_\_ hours.

Initiate the following antibiotic

Antibiotic: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Duration: \_\_\_\_\_

No  Yes Pharmacist to adjust for renal function

Other \_\_\_\_\_

**Physician/NP/PA signature** \_\_\_\_\_ Date/Time \_\_\_\_\_

Telephone order received by \_\_\_\_\_ Date/Time \_\_\_\_\_

Family/POA notified (name) \_\_\_\_\_ Date/Time \_\_\_\_\_

\* For residents that regularly run a lower temperature, use a temperature of 2°F (1°C) above the baseline as a definition of a fever.

† This is according to our understanding of best practices and our facility protocols. Minimum criteria for a UTI must meet 1 of 3 criteria listed in box.

†† This is according to our understanding of best practices and our facility protocols. The information is insufficient to indicate an active UTI infection.