

Communication Checklist: Signs and Symptoms Associated with Suspected Urinary Tract Infections (UTIs)

This tool can:

- Provide a framework for change in condition communication when signs and symptoms of UTIs are identified.
- Prepare for change in communication conversations.
- Be modified to include facility specific prompts or UTI prevention strategies.

SBAR Prompts	Notes
Altered mental status: mental status is different than baseline	Baseline: Current signs/symptoms: Date or hour changes first identified:
Current vital signs	Temp: _____ Route: _____ Baseline Temp: _____ B/P: _____ Pulse: _____ RR: _____
Patient has documented goals of care related to antibiotic use	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:
Patient has a diagnosis of advanced dementia and is unable to report or validate symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Observation of signs or symptoms of distress (e.g., agitation, new refusal of care or number of staff needed to provide care)	Briefly describe signs or symptoms: Frequency signs or symptoms are observed: Date or hour symptoms first observed:
Patient has started new medications within the past seven days	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name of Medication: _____ dose: _____ date started: _____ Name of Medication: _____ dose: _____ date started: _____ Name of Medication: _____ dose: _____ date started: _____
Change in eating or drinking patterns or level of assistance from the patient's norm (e.g., was eating independently with a set-up, but now requiring encouragement or spoon-feeding)	Briefly describe change:
Clinical signs/symptoms	Check all that apply: <input type="checkbox"/> Painful urination (dysuria) <input type="checkbox"/> Lower abdominal (suprapubic) pain or tenderness <input type="checkbox"/> Low back pain (costovertebral angle pain) or tenderness <input type="checkbox"/> Visible blood in urine <input type="checkbox"/> New or worsening urinary urgency, frequency or incontinence

Patient has history of urinary symptoms and urinary tract infections	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date of most recent episode: _____ Number of episodes in last x months: _____ What did the prior culture grow? _____ What did the susceptibilities show? _____
Patient has history of MDROs	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date of most recent treatment: _____ Organism: _____
Patient is currently receiving dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type: <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Does the patient have any urine output? Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient has an indwelling catheter? How often changed? Diagnoses? Due for change?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diagnosis for indwelling catheter: _____ Date of most recent catheter change: _____
Request initiation of facility hydration protocol. (e.g., encourage _____ fluids x _____ HRS and monitor for a change. Send a urine specimen if change in baseline temp over 2.0 degrees or change in urine)	
Request order to send urine specimen via straight catheterization or clean catch	
If antibiotic ordered, request a review of antibiotic order when microbiology specimen results are ready (e.g., three days from order date)	

Resources:

AHRQ Suspected UTI SBAR Toolkit :

<https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit1-suspected-uti-sbar.html>

Interact® 4.5 Symptoms of UTI Care Path:

<https://pathway-interact.com/tools/>

SBAR Tool: Guidelines + Worksheet:

http://forms.ihl.org/tools/sbar-toolkit?utm_referrer=http%3A%2F%2Fwww.ihl.org%2F