

UTI diagnosis in adults: Guide for General Practice

This guide is an adaptation of the PHE quick reference tool for primary care available at www.gov.uk, highlighting when to perform a urine dipstick test and when to send urine for culture. Although use of urine dipsticks can help in the diagnosis of UTI for specific patient presentations, they are unreliable for many patients and are not recommended to rule out UTI. Refer to National and Local guidelines for antimicrobial prescribing.

Patient group	Patient presentation	Urine dipstick	Urine for culture
Pregnant women	With suspected sepsis or pyelonephritis	X	✓
	With any of the 3 key diagnostic symptoms; dysuria, new nocturia, urine cloudy to naked eye	X	✓
	<ul style="list-style-type: none"> 2 or more key symptoms 1 key symptom No key symptoms, but presence of; severe urgency, frequency, visible haematuria, suprapubic tenderness 	✓	✓
Women 16 - 65 years Excludes women with recurrent UTI or urinary catheter	With suspected sepsis or pyelonephritis	X	✓
	With any of the 3 key diagnostic symptoms; dysuria, new nocturia, urine cloudy to naked eye <ul style="list-style-type: none"> 2 or more key symptoms (UTI likely) 1 key symptom (UTI equally likely to other diagnosis) or No key symptoms, but presence of; severe urgency, frequency, visible haematuria, suprapubic tenderness (UTI less likely)	X ✓	X Proceed with empirical therapy ✓ only if positive leukocyte and RBC or if positive nitrite and RBC or positive leukocyte and RBC or risk of antibiotic resistance*
Men 16 - 65 years	With urinary symptoms (asymptomatic bacteriuria is rare)	✓	✓
Women and men over 65 years	With suspected sepsis or pyelonephritis	X	✓
	With new onset dysuria or 2 or more other urinary symptoms; temperature 1.5°C above normal twice in the last 12 hours, new frequency or urgency, new incontinence, new or worsening delirium/debility, new suprapubic pain, visible haematuria	X	✓
Catheterised patient	With suspected sepsis or pyelonephritis	X	✓
	2 or more other urinary symptoms; temperature 1.5°C above normal twice in the last 12 hours, new or worsening delirium/debility, new suprapubic pain, visible haematuria Check for catheter blockage and consider removal or replacement. The threshold for a change of catheter should be very low as it is the most effective therapeutic intervention for catheter associated UTI.	X	✓

* Risk factors for antibiotic resistance include genitourinary tract abnormalities, renal impairment, care home resident, hospitalisation > 7 days in last 6 months, recent travel to a country with increased resistance, previous UTI resistant