Inconsistencies in Geriatric UTI Management in Long Term Care

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Inconsistencies In Geriatric UTI Management & Protocol In Long Term Care

**INTRODUCTION**

Over 4 million Americans are admitted to long term facilities each year and around 1 to 3 million serious infections occur each year in these facilities. Urinary tract infections are considered the most common infection among long-term care settings, with studies reporting a 28-day mortality of 5%. The most recent evidence-based research indicates recommendations that support reduction of UTIs in LTC setting. Such infections are associated with extended hospital stays, re-hospitalization, and significant healthcare expenses. Many barriers have been identified in assessing, diagnosing, and treating patients with UTI causing inconsistencies in protocols.

**PATHOPHYSIOLOGY**

UTI occurs when pathogens colonize periurethral area and ascend through the urethra upwards towards the bladder and then towards the kidney. Infection of the renal parenchyma causes an inflammation known as pyelonephritis. If inflammation continues it can lead to interstitial edema from tubular obstruction. It is most commonly caused by enteric gram-negative aerobic bacteria.

**PURPOSE**

The purpose of this study was to identify barriers in adherence to the management of UTI and how effective protocols can benefit the geriatric population.

**Conceptual Framework:**

The Tannahill Model is an intervention-based model that has three overlapping themes: health education, disease prevention, and health protection. This model supports educating nursing and other health professions to recognize and properly diagnose UTI early, preventing complication from UTI and providing health protection.

**METHODS**

Literature reviewed was from the following databases: CINAHL Complete, PubMed, and UpToDate. Search terms included: urinary tract infection, elderly, and management. A total of nine review articles were used for the literature review.

**RESULTS**

In reviewing the literature results, barriers surrounded adherence to UTI management protocol. These included: lack of awareness, no guidelines visible on units, foley catheters, misdiagnosis, mode of administration, duration of treatment, and clinical features. The usual protocol includes: TMP/SMX, nitrofurantoin, amoxicillin or cephalosporin, urine culture follow-ups.

**CONCLUSION**

As this high-risk population grows at a rapid rate, it’s important for health care workers to be sensitive to the management protocol for UTI. It is the most common reason for antibiotics to be prescribed at LTC setting. Healthcare providers have a responsibility to appropriate UTI management in this understudied, growing population. Educational activities for providers are needed in relation to antibiotic prescribing for UTI and appropriate protocols need to be in place.

**NURSING IMPLICATIONS**

This is important in regards to nursing because nurses are often responsible for identifying the early symptoms of UTI and advising physicians with recommendations on how to manage the patients. Further education in recognizing signs and symptoms in the elderly population, diagnosing correctly, and adhering to management protocol will be beneficial.