

# Symptom-Free Pee: LET IT BE

A national initiative to stop inappropriate antibiotic use for asymptomatic bacteriuria in long-term care residents.

Asymptomatic bacteriuria (bacteria in the urine with no symptoms) is colonization of the bladder that occurs frequently in the elderly, especially those with diabetes, immobility, incontinence, prostatic enlargement, or post-menopausal changes.

## ANTIBIOTICS NOT INDICATED!

**Asymptomatic bacteriuria is not an infection**

➔ **Do not test urine even if foul-smelling, dark, or cloudy**

For hemodynamically stable residents with cognitive changes, seek other causes: drug interactions / side effects, dehydration, sleep disturbances, sensory deprivation, hypoxia, hypoglycemia, constipation, etc.

*Note: Falls, decreased appetite, verbal aggression, wandering, confusion, and disorientation alone are not indications for urine testing.*

## HOLD URINE TESTING;

- ➔ **Monitor frequently**
- ➔ **Rehydrate / push fluids for 24 hours if not contraindicated**

## TYPICAL URINARY TRACT INFECTION SIGNS/SYMPTOMS:

- Acute dysuria and/or
- 2 or more of the following:
  - Fever
  - New urgency (or marked increase)
  - New frequency (or marked increase)
  - Suprapubic/flank pain
  - New urinary incontinence
  - Gross hematuria

**Dipsticks are not recommended due to poor predictive value. Urine culture ideally should be submitted in preservative.**

➔ **Send urine for urinalysis and urine culture**

**STOP**

**WAIT**

**GO**

## IT IS HARD TO IGNORE A POSITIVE URINE TEST...

Unnecessary testing in colonized residents results in unnecessary antibiotics, which lead to adverse events (antibiotic resistance / failure, *C. difficile* infection, GI upset, etc.)

For more directions and guidance:  
[www.ammi.ca](http://www.ammi.ca)  
#SymptomFreeLetItBe

