Appendix B: Urinary Tract Infection Prevention and Management Patient Handout

Patient Handout: Urinary Tract Infection Prevention and Management

Be aware of basic UTI prevention:
- Adequate fluid intake (2-2.5L per day)
- Ensure good bladder management, including hand washing and catheter and perineal hygiene
- Be aware of the signs and symptoms of UTI (see below)
- Seek early medical review if you are unwell or have any signs of UTI
- No need for routine urine testing
- If you choose to dehydrate for travel or any other purpose, you are at greater risk of developing UTI

Be aware regarding signs & symptoms of UTI:
- Increased frequency of catheterisation
- Burning sensation when urinating
- Passing frequent, small amounts of urine
- Pain (lower back or pelvis)
- Acute or worsening fever
- Sudden shaking or shivering
- Confusion, drowsiness or change in mental state
- Feeling tired or generally unwell
- Sense of unease
- Urine colour (red, bright pink, or cola coloured)
- Urinary leakage
- Increased spasticity
- Autonomic dysreflexia (sudden severe elevation in blood pressure, sweating, flushing, goose bumps, chills, pounding headaches, anxiety and low heart rate)

The following has not been shown to be effective for prevention of UTI in patients with neuropathic bladder:
- Cranberry products (juice, tablets etc)
- Methenamine salts
- Other acidification / alkalinisation agents (including ammonium chloride, sodium bicarbonate, acetazolamide and ascorbic acid)

Asymptomatic Bacteriuria is bacteria in your urine sample, without symptoms of UTI. It is seen in:
>50% of catheterised patients
100% in long term indwelling catheter users
Asymptomatic bacteriuria should not be treated with antibiotics

Recurrent UTI:
- If you experience ≥3 UTIs per year, review with medical staff
- Your doctor may consider prophylactic antibiotics for recurrent travel related UTIs
- You may be referred for a review with your urologist for bladder screen

If your doctor suspects UTI they will consider:
- Sending urine for testing
- Changing your indwelling catheter prior to collecting urine
- Commencing an antibiotic
- Antibiotic duration is usually for 7-10 days (10-14 if delayed response)
- Your doctor will re-evaluate the choice of antibiotic choice once urine results are available.

Other information:
- Please discuss fluid intake with your doctor. In most patients, at least 2-2.5L per day of fluid should be consumed, aiming for clean urine. However, discuss with your doctor whether this is appropriate for you (as this is not appropriate with some medical conditions).
- Discuss basic UTI prevention, and signs and symptoms of UTI with your doctor
- If symptomatic relief is required, it may be appropriate to alkalise the urine with urate.

It is essential you seek medical advice for:
- Fever >38°C
- Rigors (episodes of shaking)
- Altered mental state
- Autonomic dysreflexia
- Flank / back pain
- Symptoms not settling within 24-48 hours of treatment