Appendix A: Urinary Tract Infection Prevention and Management Flowchart for Use During Team **Travel**

Urinary Tract Infection Prevention & Management

Well athletes

EDUCATE - basic UTI prevention

- Adequate hydration (2-2.5L per day)
- Hand washing and catheter hygiene
- Signs and symptoms of UTI
- Early medical review for signs or symptoms of
- No need for routine urine testing
- Those who dehydrate for travel are at greater risk

EDUCATE - signs & symptoms of UTI

- Increased frequency of catheterisation
- · Burning sensation when urinating
- Passing frequent, small amounts of urine
- · Pain (upper back or pelvic)
- Acute or worsening fever
- Rigors (sudden shaking / shivering)
- Altered mental state
- · Feeling fired or generally unwell
- Sense of unease
- · Urine colour = red, bright pink, or colo coloured
- Urinary incontinence
- Increased spasticity
- Autonomic dysreflexia (sudden severe elevation in blood pressure, sweating, flushing, goose bumps, chills, pounding headaches, anxiety and bradycardial

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, acetazolamin and ascorbic

cloudy urine

Ask regarding signs and symptoms of UTI



- Increase hydration
- Check catheterisation
- frequency
- No need for urine dipstick
- Educate

ptomatic Bacteriuria 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 ≥ 3 UTIs per year, review with medical staff
- Consider prophylactic antibiotics for recurrent travel related UTIs
- Ensure review with uralogist for bladder screen

Unwell athletes Ask regarding signs and symptoms of UTI

Send urine for

- m/c/s If m/c/s unavailable
- consider diprojek

If signs and symptoms of UTI but dipstick negative medical review

+ve urine m/c/s, or clinically suspicious for UTI and awaiting

- Commence antibiotic
 - If carries own antibiotic = commence
 - If no antibiotics, consider cephalexin, or norfloxacin and check sensitivity
- Antibiotics for 7-10 days (10-14 if delayed) response)
- Re-evaluate antibiotic choice once culture results available
- If possible, check temperature and use Panadol as appropriate
- Focus on hydrafion (2-2.5L per day), aim for clear urine
- · Change catheter if IDC
- · Alkalise the urine with Ural if required for symptomatic relief
- Educate regarding basic UTI prevention and signs and symptoms of UTI

Medical review essential for

- Flank / back pain
- Symptoms not settling within 24-48 hours of treatment