

Diagnosis

- Asymptomatic bacteriuria (ASB) is a positive urine culture from a person with NO symptoms of a urinary tract infection (UTI) such as dysuria, frequency, urgency, fever, or flank pain.
- ASB is common and often associated with pyuria (urine containing ≥ 10 white blood cells per high-powered field).

Population	Prevalence of ASB	Prevalence of Pyuria in Persons With ASB
Female long-term care residents	25–50%	90%
Male long-term care residents	15–35%	90%
Women > 90 years old	22–43%	
Women 65–90 years old	6–16%	
Healthy premenopausal women	< 5%	32%
Women with diabetes	9–27%	70%
Men with diabetes	1–11%	
People receiving hemodialysis	28%	90%
Presence of indwelling urinary catheter	>90%	50–100%

Treatment

- The majority of people with ASB and/or asymptomatic pyuria SHOULD NOT be treated with antibiotics.
- Treatment of ASB does not prevent future UTIs.
- Treatment of ASB is associated with adverse events related to antibiotic use and can increase the likelihood of developing future UTIs that are antibiotic resistant.
- Exception relevant to long-term care
 - Individuals with ASB about to undergo urologic procedures in which mucosal bleeding is expected (not including urinary catheter placement)
 - A short treatment course (<3 days) may prevent urosepsis.

Frequently Asked Questions

- How can I prevent unnecessary treatment of asymptomatic bacteriuria?
 - Do not order urine cultures unless a resident has signs and symptoms of a UTI.
 - This includes residents undergoing preoperative evaluations or residents with urinary catheters.
- What should I do for residents with dark or foul-smelling urine?
 - Dark, foul-smelling, or cloudy urine most likely indicates dehydration; therefore, encourage hydration.
- What should I do for residents with a change in mental status?
 - There are many reasons for a change in mental status that are not related to UTIs. Assess for dehydration, pain, change in medications, poor sleep, constipation, and mood disorders.

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