

## Suspected UTI SBAR

[Nursing Home Name] \_\_\_\_\_

[Street] \_\_\_\_\_

[City, State, ZIP] \_\_\_\_\_ Facility Phone/Fax \_\_\_\_\_

Resident Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician/NP/PA \_\_\_\_\_ Physician/NP/PA Phone/Fax \_\_\_\_\_

Nurse \_\_\_\_\_ Date/Time \_\_\_\_\_

How was information provided to clinician?  Phone  Fax  In Person  Other \_\_\_\_\_

### S – Situation (use this information to complete Section A&R)

I am contacting you about a suspected UTI for above resident.

#### Current Assessment (check all that apply):

- Increased urgency
- Increased frequency
- Hematuria
- Rigors (shaking, chills)
- Delirium (sudden onset of confusion, disorientation, dramatic change in mental status)

**Vital Signs:** BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. rate \_\_\_\_\_ Temp. \_\_\_\_\_

#### Resident Complaints (check all that apply):

- Dysuria (painful, burning, difficult urination)
- Suprapubic pain
- Costovertebral tenderness (flank pain/tenderness)

#### Recent Urinalysis Results (within the last 10 days) If Available:

UA results that were obtained on \_\_\_\_\_ (date) due to \_\_\_\_\_ (reason).

The results  accompanying this communication  are as follows:

### B – Background

Indwelling catheter:  NO  YES

Incontinence:  NO  YES If yes, is this new/worsening?  NO  YES

Active diagnoses (especially, bladder, kidney/genitourinary conditions):

Specify: \_\_\_\_\_

Advance directives for limiting treatment (especially antibiotics):  NO  YES

Specify: \_\_\_\_\_

Medication allergies:  NO  YES

Specify: \_\_\_\_\_

The resident is on: Warfarin (Coumadin™)  NO  YES

The resident is diabetic:  NO  YES



[Nursing Home Name] \_\_\_\_\_ Facility Fax # \_\_\_\_\_  
 Resident Name \_\_\_\_\_ DOB: \_\_\_\_\_

**A – Assessment (check boxes and determine recommendation)**

**Resident with indwelling catheter:**

- fever of 100°F (38°C) or repeated temperatures of 99°F (37°C)\*
- new costovertebral tenderness
- rigors
- new delirium
- hypotension

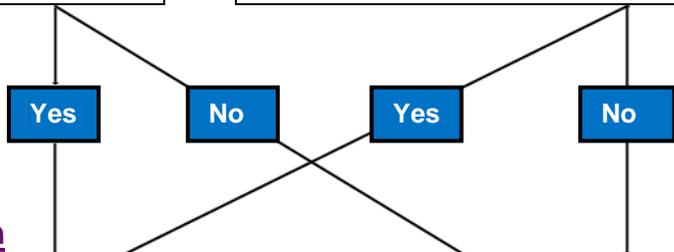
**Any one of the above present**

**Resident without indwelling catheter:**

- Acute dysuria alone;

**OR**

- Single temperature of 100°F (38°C), or repeated temperatures of 99°F (37°C)\* **AND** at least **one** new or worsening of the following:
  - urgency
  - frequency
  - costovertebral angle tenderness
  - new/worsening urinary incontinence
- suprapubic pain
- gross hematuria



**R - Recommendation**

**Protocol criteria ARE met.**  
 According to our understanding of best practices and our facility protocols the resident may have a urinary tract infection and need a prescription for an antibiotic agent.

**Staff:  
 Please Check  
 Box for Course  
 of Action  
 Recommended**

**Protocol criteria are NOT met.**  
 According to our understanding of best practices and our facility protocols, the information is insufficient to indicate an active urinary tract infection. The resident does NOT need an immediate prescription for an antibiotic, but may need additional observation.

\*For residents who regularly run a lower temperature, use a temperature of 2°F (1°C) above the baseline as a definition of a fever.

**Physician/NP/PA Orders**

How were orders provided by clinician?  Phone  Fax  In Person  Other  
 Ordered U/A (with C&S if indicated)

Would you like to initiate any of the following?

- Encourage 4 ounces of cranberry juice TID.
- Record fluid intake
- Assess vital signs, including temp; every \_\_\_\_\_ hours for \_\_\_\_\_ hours
- Notify Physician/NP/PA if symptoms worsen or if unresolved in \_\_\_\_\_ hours
- Other:
- Initiate the following antibiotics  
 Specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

**Physician/NP/PA signature:** \_\_\_\_\_ date/time: \_\_\_\_\_  
 Telephone order received by: \_\_\_\_\_ date/time: \_\_\_\_\_  
 Family/POA notified (name): \_\_\_\_\_ date/time: \_\_\_\_\_