

CONSULTANT PHARMACISTS:
BE ANTIBIOTICS AWARE

Avoid Treatment of Asymptomatic Bacteriuria



SCENARIO

At a nursing home you are visiting, you find that an average of five residents were treated with antibiotics every month for positive urine cultures and had no documented urinary tract infection (UTI) signs or symptoms.

Asymptomatic bacteriuria refers to the isolation of bacteria in urine culture from a resident without signs or symptoms of UTI. Asymptomatic bacteriuria is common in nursing home residents.¹ A positive urine culture result (with or without pyuria) alone does not meet criteria for initiation of antibiotics according to infectious diseases guidelines.^{1,2} Exceptions include pregnancy and invasive genitourinary procedures.¹

Using protocols that guide the evaluation of UTI signs and symptoms and structured communication with healthcare professionals³ can improve antibiotic prescribing practices.⁴

Consultant pharmacists can help avoid treatment for asymptomatic bacteriuria by:



1. Advocating for the use of protocols that help facility staff evaluate UTI signs and symptoms^{2,3} before testing for UTI and starting antibiotics.



2. Providing education for facility staff about:
 - ✓ UTI signs and symptoms.
 - ✓ Limiting urine testing to residents who have UTI signs and symptoms.
 - ✓ Discussing the potential for avoiding antibiotic use with the healthcare professional if the resident has asymptomatic bacteriuria.

The scenarios and recommendations are applicable to most nursing home residents. Prior to making recommendations, always assess the individual resident, review the documentation in the medical record, discuss with facility staff, and use your clinical judgment. Follow your facility's protocols and treatment guidelines when applicable.

References:

1. Nicolle LE, et al. Clin Infect Dis. 2019 May;68(10):e83-e110.
2. Loeb M, et al. Infect Control Hosp Epidemiol. 2001 Feb;22(2):120-124.
3. Agency for Healthcare Research and Quality "Suspected UTI SBAR" form https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/4_TK1_TI-SBAR_UTI_Final.pdf.
4. Loeb M, et al. BMJ. 2005 Sep;331(7518):669.



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SMART USE, BEST CARE



www.cdc.gov/antibiotic-use