Urinary Tract Infections (UTI’s) and Treatment

Common Facts on UTI’s
- Most clients with spinal cord injury average 2-3 infections per year.
- One study showed that only up to 40% of clients with spinal cord injury were able to identify symptoms of a UTI

What are the common signs and symptoms?
The common signs and symptoms are:
- Cloudy urine with increased odour, mucous or sediment
- Urinary incontinence (leaking or bypassing)
- Fever and Rigors (chills and shaking)
- Increased urgency (increased feeling to void)
- Increased sediment or blocking catheters
- Increased spasticity
- Lethargy
- Pain or discomfort over the kidneys/bladder
- Haematuria (blood in the urine)

Testing for an Infection

Urine dipsticks
- Can be used in the home environment as well as the health care setting
- Must be positive for both nitrates and leucocytes (white cell count) to reflect UTI

Culture/ Mid Stream Urine (MSU)
- Identify micro-organisms with a urine culture (MSU) to ensure the most appropriate antibiotic is prescribed.
- Culture results are often unreliable unless taken through a newly inserted (sterile) catheter
- One third of UTIs for people with spinal cord injury have been polymicrobial (more than one type of bacteria in the urine)

What to do if a UTI is suspected?
- Increase fluids (water) to 2-3 litres daily
- Review hygiene in relation to:
  - inserting a catheter
  - emptying the urine bag
  - where the catheter is inserted
- Review the bowel routine as this may impact on developing a UTI
- Support the immune system through a healthy diet, managing stress and a good sleeping pattern
- Take antibiotics as prescribed and always complete the course. Avoid taking medications and/or vitamins which may interfere with the effectiveness of antibiotics.

Therapeutic Guidelines on Diagnosis and Treatment of UTI’s
- Complicated UTIs occur in people with anatomical or functional abnormalities such as neurogenic bladder, stones or diabetes
Fact Sheet

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• E.coli is the most common pathogen (20% to 50% of cases) but a wider range of bacteria can also cause infection.
• Do not screen for or treat asymptomatic bacteriuria in people who are catheterised.
• There is no clinical evidence to support routine use of prophylactic antibiotics at the time of catheter placement.
• All symptomatic cases should be investigated with a urine sample.
• The recommended duration of antimicrobial therapy is 7 days.
• In cases with catheter-associated urinary tract infection (CAUTI) who have a delayed response to treatment, 10 to 14 days of therapy may be required.
• Change the catheter if it has been in for longer than 2 weeks when antimicrobial therapy is started.
• Speak with a pharmacist for further advice.

Other Recommendations for Preventing Infections
• Use soap and water or prepared wipes on the skin prior to inserting a catheter. Other solutions can dry and damage the sensitive skin around the genital area.
• Alcohol rubs are only suitable for the hands.
• Clip the hair around the supra-pubic catheter site.
• Change clothes and wash cloths every day.
• Insert the catheter using aseptic technique.
• Ensure that the flow of urine is unobstructed.
• Maintain a closed drainage system.
• Suprapubic catheters are preferred for long-term use.

Other References:

eTherapeutic Guidelines: Revised June 2010October 2015 (www.tg.org.au)


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