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
- Painful urination
- Blood in the urine

Testing for an Infection

Culture results are often unreliable unless taken through a newly inserted (sterile) catheter
- Identify micro-organisms with a urine culture (MSU) to ensure the most appropriate antibiotic is prescribed.
- Home testing
  - Urine dipsticks in the home environment have been shown to be positive indicators of a UTI
  - Must be positive for nitrates and leucocytes (white cell count) to show a UTI.
- 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
Fact Sheet

- 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. 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

Therapeutic Guidelines on Treatment of UTI's

"In patients with urinary catheters, asymptomatic bacteriuria and pyuria are common and should not be treated with antimicrobials.

Antimicrobial treatment does not decrease symptomatic episodes but will lead to emergence of more resistant organisms. Local irrigation with antimicrobials should not be used. Urinary culture and treatment should only be undertaken if the patient has signs of systemic infection (eg fever, rigors), if the patient has risk factors (eg neutropenia, transplantation, pregnancy), or before urological surgery. Permanent removal of the catheter whenever possible is the greatest contribution towards cure. If ongoing catheterisation is required, it is essential to change the catheter to eradicate infection. A catheter change should precede antimicrobial therapy.

The usual duration of therapy is 10 to 14 days, but patients who respond promptly after the catheter is changed may be treated with a shorter course to reduce antimicrobial pressure."

eTG complete: Therapeutic guidelines limited (Antibiotic Group) Revised June 2010

Other References: