

AHRQ Suspected UTI SBAR

Complete this form before contacting the resident's physician/physician extender.

Date/Time _____

Resident Name _____

Date of Birth _____

Nurse _____

Phone _____

(S) SITUATION

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

Vital Signs BP ____ / ____ HR ____ Resp. rate ____ Temp. ____

(B) BACKGROUND

Active diagnoses _____

- No Yes The resident has an indwelling catheter
- No Yes Patient is on dialysis
- No Yes The resident is incontinent. If yes, new/worsening? No Yes
- No Yes Advance directives. Specify _____
- No Yes Medication Allergies. Specify _____
- No Yes The resident is on Warfarin (Coumadin®) – **If YES, increase PT /INR Monitoring to twice weekly or more frequent for duration of any antibiotic therapy ordered.**

(A) ASSESSMENT

Resident WITH indwelling catheter

The criteria are met to initiate antibiotics if one of the below are selected

No Yes

- Fever of 100°F (38°C) or repeated temperatures of 99°F (37°C)*
- New back or flank pain
- Acute pain
- Rigors /shaking chills
- New dramatic change in mental status
- Hypotension (significant change from baseline BP or a systolic BP <90)

Resident WITHOUT indwelling catheter

Criteria are met if one of the three situations are met

No Yes

- 1. Acute dysuria alone
_____ **OR** _____
- 2. Single temperature of 100°F (38°C) **and** at least one new or worsening of the following:
 - urgency suprapubic pain
 - frequency gross hematuria
 - back or flank pain urinary incontinence_____ **OR** _____
- 3. No fever, but two or more of the following symptoms:
 - urgency suprapubic pain
 - frequency gross hematuria
 - incontinence

* 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.

(R) REQUEST FOR ORDERS – Document Prescriber Response/Orders
