Does your patient with an IDC need a urine culture?

Use the decision tree below to determine if it is necessary to collect a urine specimen for culture from an adult catheterised patient and the type of specimen to be collected.

Is a septic work up required AND/OR does patient have UTI symptoms?

Adults with a UTI may present with ≥1 of the following symptoms with no other recognised cause: fever, suprapubic tenderness, costovertebral angle pain or tenderness, delirium or hypothermia (<35.5°C core).

- Disregard the appearance or smell of urine (e.g. cloudy, sediment, foul smelling)
- Disregard positive urinalysis results for protein, leucocytes, blood or nitrite

Do not collect any urine specimens for culture

NO

YES

Is the IDC still clinically indicated?

NO

If IDC was removed, would patient be able to produce a clean MSU?

YES

Collect CSU from the existing IDC

Note: It may be difficult to interpret culture results if catheter has been in situ >48 hours due to biofilm colonisation.

NO

YES

Remove IDC and collect MSU

Remember:

- Avoid dipstick urinalysis for asymptomatic patients - positive reactions for nitrite, pyuria, leukocyte and protein are likely but do not warrant laboratory investigation.
- Adults with spinal cord injury may have a different symptom presentation or may not present with pain. Seek further advice from a senior clinician if UTI is suspected.
- Asepsis must be maintained when collecting specimens and changing catheters.
- Document the indication for urine specimen collection.
- Interpret urine culture results with caution if patient was on an antimicrobial regime at the time of or prior to specimen collection.
- Signs and symptoms of UTI among older patients, particularly those with dementia, are often vague or atypical.