

Our kidneys work amazingly well during our lifetimes, keeping a fine balance of water and other critical substances in our bodies. The most obvious sign of this system is the daily production of urine. The age and frailty of many long-term care residents makes them prone to several problems with the urinary system.



Urinary Tract Infections in LTC

One of those problems is infection of the kidneys or bladder, known as urinary tract infections. Lately, there have been some new ideas as to exactly what is, and what is not, a real infection of the urine in long-term care.

In healthy people of any age there should be absolutely no bacteria in the urine. We now realize that many residents of long-term care do have bacteria in their urine. This is mostly due to conditions such as dementia, stroke, spinal cord injury or diabetes which affect the normal working of the bladder. Another is that some residents don't drink enough fluids each day. Bacteria in the urine of a long-term care resident does not typically cause them problems, and it does not require treatment.

However, if a resident has fever, chills, pain when passing urine, or a need to pass urine more frequently than usual, it's reasonable to suspect an infection. Cloudy or smelly urine is not a good indication of infection. Unless the resident is very ill these new symptoms may often be resolved by drinking more fluids. If the problem does not resolve itself, then antibiotics may be prescribed.

The use of antibiotics, therefore, should not be based on the presence of bacteria, but rather,

the presence of symptoms.

With the emergence of antibiotic-resistant bacteria – the so-called superbugs – the proper use of antibiotics is even more important than ever. Antibiotics, like any drug, may have harmful side effects and should only be used for a good reason. If a decision is made to use antibiotics, a urine culture can guide the choice of antibiotic, or allow them to be quickly stopped if the culture shows that there is no infection at all.

There are a small number of residents who require a catheter to ensure proper drainage of the urine. Every resident with a catheter will have bacteria in their urine in a short time. Again, this does not require antibiotics unless there are signs of an infection. The decision to put in a catheter should not be taken lightly and will only be done by a doctor's order when there is no other option.

A true urinary infection may be a serious problem for a resident, and the proper diagnosis and treatment has challenges. Avoiding the use of antibiotics when they are not needed will be better for our residents in many ways. The problem of urinary infections in long-term care residents shows us, again, that our residents are a unique population in the health care world, benefiting from the expertise and experience of CapitalCare's staff and physicians.