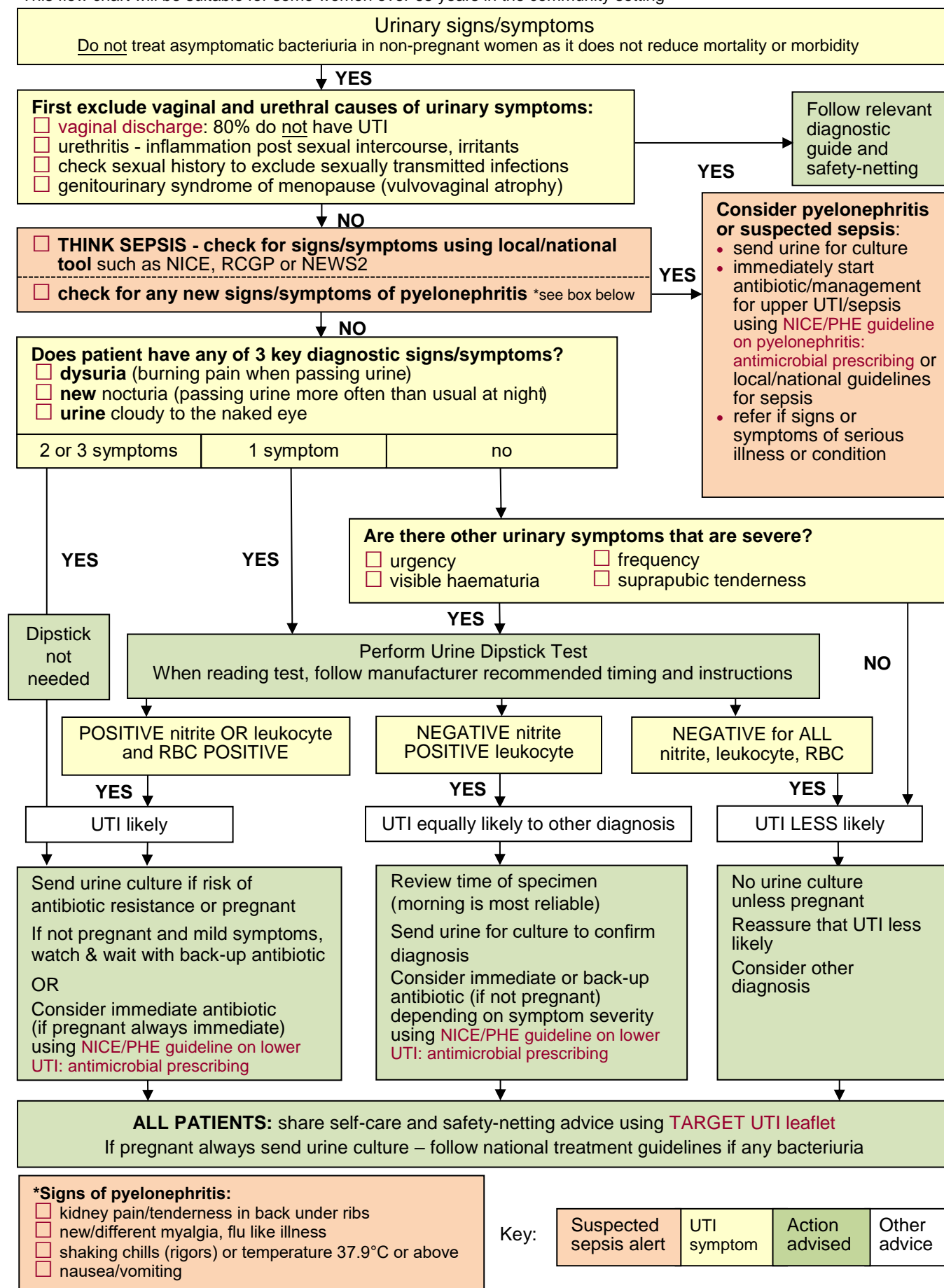


## Flowchart for women (under 65 years) with suspected UTI

Excludes women with recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months) or urinary catheter  
This flow chart will be suitable for some women over 65 years in the community setting



## Table summary: diagnostic points for women under 65 years

Excludes women with recurrent UTI (2 episodes in last 6 months or 3 episodes in last 12 months) or urinary catheter  
This flow chart will be suitable for some women over 65 years in the community setting

**Using symptoms and dipsticks to help diagnose UTI:** no individual or combination are completely reliable in diagnosing UTI, thus severity of symptoms and safety-netting are important in all

**First exclude other genitourinary causes of urinary symptoms**

- 75 to 80% with vaginal discharge will not have UTI
- in sexually active check sexual history for STIs for example chlamydia and gonorrhoea
- urethritis - urinary symptoms may be due to urethral inflammation post sexual intercourse, irritants, or STIs
- genitourinary symptoms of menopause/atrophic vaginitis/vaginal atrophy

**In all, check for new signs of pyelonephritis, systemic infection, or risk of suspected sepsis**

If pyelonephritis or suspected sepsis: send urine for culture to inform definitive treatment and immediately start antibiotic using [NICE/PHE guideline on pyelonephritis: antimicrobial prescribing](#) or local/national guidelines for sepsis; refer if signs or symptoms of serious illness or condition

**In women <65yrs use signs/symptoms of dysuria, new nocturia or cloudy urine to guide treatment**

- 2 or more** of these 3 signs/symptoms in general practice are likely to have a UTI: consider immediate antibiotic, or back-up if mild symptoms and woman is not pregnant
- 1 sign/symptom:** UTI possible as 68% will have a culture confirmed UTI ( $\geq 10^6$  cfu/L) therefore use urine dipstick to increase diagnostic certainty
- none** of the 3: UTI less likely - use urine dipstick if other severe urinary symptoms (frequency, urgency, haematuria, suprapubic tenderness)

Dysuria, new nocturia or cloudy urine present	% of GP patients with suspected UTI presenting with these sign/symptoms	% with these symptoms who have culture confirmed UTI ( $\geq 10^6$ cfu/L)	Suggested management
All 3	29%	82%	Consider immediate antibiotic (if pregnant always immediate) OR back-up if mild symptoms and not pregnant
$\geq 2$	71%	74%	
1	25%	68%	Use urine dipstick to increase diagnostic certainty
None	4%	not specified	Use urine dipstick if other severe urinary symptoms

**For antibiotic choice: use [NICE/PHE guideline on lower UTI: antimicrobial prescribing](#); check history to determine resistance risk**

**Using urine dipsticks to predict UTI in women <65 years with only 0 or 1 of dysuria, new nocturia, cloudy urine increases the diagnostic certainty, and reduces unnecessary antibiotics**

Follow the manufacturer's guidance for accurate use of urine dipstick tests, including test timing requirements

- positive nitrite OR positive leukocyte and blood: UTI likely - offer empirical antibiotics for lower UTI OR if not pregnant and milder symptoms consider back-up antibiotic with self-care and safety-netting
- leukocyte positive but nitrite negative: UTI equally likely to other diagnosis - review time of specimen (morning is best); send urine for culture; use back-up (if not pregnant) or immediate antibiotic depending on symptom severity
- ALL nitrite, leukocyte and blood negative: UTI less likely – no urine culture unless pregnant; consider other diagnosis; reassure; give self-care and safety-netting advice

If pregnant and any bacteriuria: always offer immediate antibiotics and send urine culture; follow [NICE/PHE guideline on lower UTI: antimicrobial prescribing](#)

ALL patients: share self-care and safety-netting advice using [TARGET UTI leaflet](#)

**For all patients please refer to the information and reference tables in joint NICE/PHE guidance: [NICE guidelines on UTI \(lower\): antimicrobial prescribing](#) or [NICE guidelines on pyelonephritis \(acute\): antimicrobial prescribing](#)**