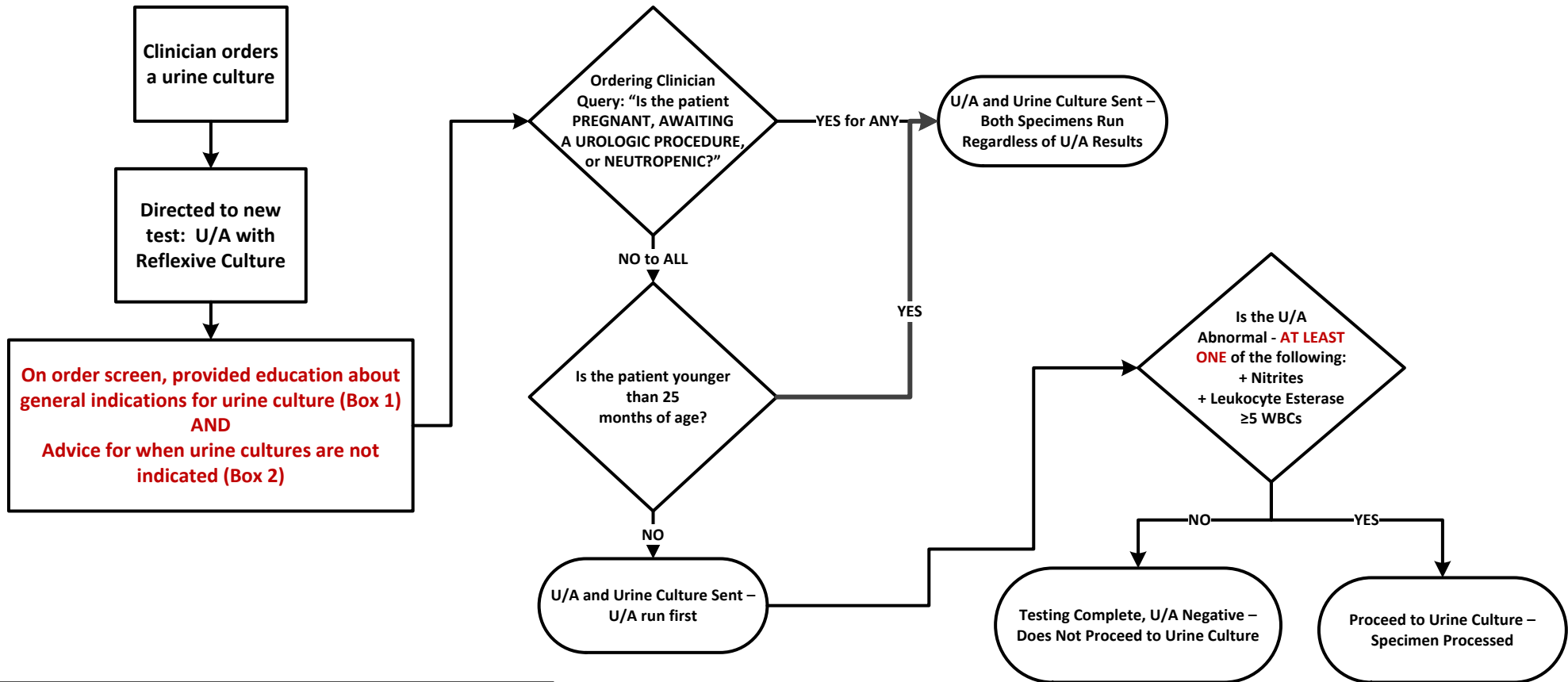


# PROCESS FLOW FOR NEW URINE CULTURE ORDERING

Version 3.0  
7/12/2016



## Box 1: Urine cultures should be ordered only in the following patients:

- Patients with signs/symptoms of a urinary tract infection:  
For example, dysuria, suprapubic pain/tenderness, urgency, frequency, or costovertebral angle pain/tenderness
- Part of an evaluation of sepsis *without* a clear source
- Work up of patients with isolated fever or altered mental status or inability to communicate typical symptoms of UTI (only if other foci of infection are not identified on history, on examination, or from other lab testing)
- Patients who may present with atypical UTI symptoms (only if other foci of infection are not identified on history, on examination, or from other lab testing)
- For bacteriuria screening in asymptomatic patients with the following underlying comorbidities:
  - 1) Prior to urologic procedures
  - 2) Pregnant women
  - 3) Neutropenic patients

## Box 2: Urine cultures should NOT be ordered for the following instances:

- Do NOT order solely based on concerns re: urine quality, such as change in the character of the urine (color, smell, sediments, turbidity)
- Do NOT have standing orders for urine culture in the absence of an appropriate indication (e.g. as part of standard fever work up)
- Do NOT repeat urine culture to document clearance of bacteriuria in the presence of symptomatic improvement
- In the absence of symptoms, screening urine cultures should NOT be ordered for:
  - 1) Non-pregnant women
  - 2) Patients with diabetes
  - 3) Elderly patients
  - 4) Patients with spinal cord injury
  - 5) Patients with an indwelling urinary catheter or who require chronic intermittent catheterization
  - 6) Renal transplant recipients