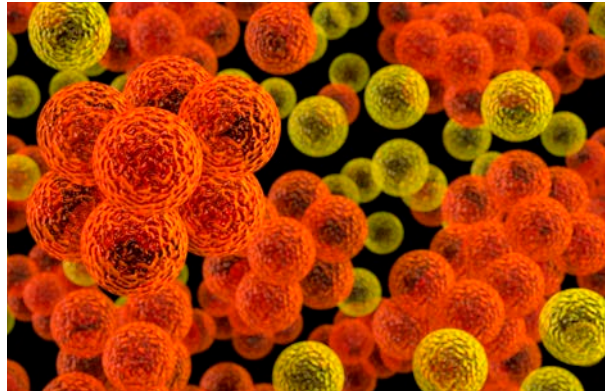


Not All “Infections” Need Antibiotics!

What is the UTI SBAR form? What does it include?

- The Suspected Urinary Tract Infection (UTI) Situation, Background, Assessment, and Recommendation form (the UTI SBAR form) is intended to guide communication between nursing home staff and prescribing clinicians about the potential need for antibiotics for nursing home residents.
- The UTI SBAR form is based on the Situation, Background, Assessment, and Recommendation form of communication, or SBAR. The SBAR communication style promotes better communication and performance by addressing the specific types of information that clinicians are likely to need for decisionmaking.
- The UTI SBAR form is based on criteria developed by an expert consensus panel and modified clinical practice guidelines for infections in older adults in long-term care facilities.
- The UTI SBAR form can be faxed to or used when speaking with a prescribing clinician. It takes only minutes to fill in and can be used as part of the resident’s medical record.



Why are antibiotics a problem?

- Many residents receive antibiotics. Between 50 percent and 70 percent of residents will receive a systemic antimicrobial agent during a calendar year. Anywhere from 20 percent to 30 percent of residents may receive multiple courses of antibiotics.
- Use of antibiotics has been linked to health care-acquired infections. Frequent use of antibiotics can lead to multidrug resistant bacteria (e.g., MRSA and VRE). Infections caused by multidrug resistant organisms are occurring more frequently in residents. As you provide care for these residents, you are also exposed to these drug-resistant organisms, and you might take these organisms home to your family and community!



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- Many antibiotics are unnecessary. Unnecessary use of antibiotics in nursing home residents ranges from 17 percent to 89 percent. Examples of such practices include prescribing prophylactic antibiotics, prescribing antibiotics without determining the source of the infection, and, in the case of UTIs, prescribing antibiotics based on a positive urinalysis test result for bacteriuria without localized symptoms.
- Antibiotics for asymptomatic bacteriuria do not help and can be harmful. A study in two Rhode Island nursing homes showed that 8.5 percent of residents treated with antibiotics for a UTI when they were asymptomatic went on to develop a *Clostridium difficile* infection within 3 months of treatment.

Why use the UTI SBAR form?

- The UTI SBAR form helps to reduce the unnecessary use of antibiotics. A recent study in 12 Texas nursing homes found that using the UTI SBAR form reduced the use of antibiotics for asymptomatic bacteriuria by about one-third. This is important given the consistent finding that treating residents for bacteria in the urine without localized symptoms is not beneficial.
- The UTI SBAR form facilitates communication between nursing staff and prescribing clinicians. Prescribing clinicians need specific information about the resident to make a prescribing decision. The UTI SBAR form is an easy-to-use way of collecting all of the information a prescribing clinician might want to make a decision. Forms like these have proven effective in improving care. A landmark 2006 study of hospitals in Michigan demonstrated that evidence-based interventions using standardized protocols led to a significant reduction in catheter-related bloodstream infections.

