



PROCESSING URINE SAMPLES

Date Stamp/Initial

Please complete form to leave with your urine sample.

NB Children under the age of 16 should make an appointment with a GP.

- 1) Name of Patient:
- 2) Date of birth: / /
- 3) Address:
- 4) Contact phone number:
- 5) Name of person completing form and relationship to patient (IF NOT THE PATIENT)
Name: Relationship:
- 6) Are you providing the sample as you think you/the patient has an infection? Yes No
a. If 'No' why are you leaving sample?
- 7) Is the sample from a urinary catheter? Yes No
- 8) Are you/the patient pregnant? Yes No Does not apply
a. If yes, how many weeks pregnant?
- 9) Have you/the patient had a urine infection within the past 6 months? Yes No
a. If yes, what antibiotic was prescribed: Do not know
- 10) What symptoms do you/the patient have (please answer every question)?:
 - a. Visible blood in the urine (and not currently menstruating) Yes No
 - b. Pain on passing urine Yes No
 - c. Confusion Yes No
 - d. Raised temperature/Feeling hot and sweaty Yes No
 - e. Pain in lower abdomen Yes No
 - f. Pain in back Yes No
 - g. Need to pass urine more frequently or urgently? Yes No
 - h. Constipation? Yes No
 - i. New onset urinary incontinence? Yes No
- 11) Which chemist would you/the patient like any prescription sent to?
- 12) Are you/the patient allergic to any antibiotics? Yes No
a. If yes, please list:
- 13) Signed: Date: / /
(Patient/Representative)

IMPORTANT: MAKE AN APPOINTMENT IF YOUR SYMPTOMS CONTINUE OR GET WORSE

FOR ADMIN USE ONLY:

For Women >16 and <65, AND non-recurrent, AND non-catheterised, AND non-pregnant

- DO NOT SEND SAMPLE FOR CULTURE
- DIPTTEST URINE and if positive for infection (Leucs and/or Nitrites) for antibiotics:
 - Nitrofurantoin 100mg bd for 3 days, or
 - Trimethoprim 200mg bd for 3 days (if allergy, or eGFR <45)

For Women >65, OR recurrent infection [IF YES TO Q9], OR catheterised [IF YES TO Q7]

- SEND SAMPLE FOR CULTURE
- DO NOT DIPTTEST
- If symptoms ticked consistent with infection, for antibiotics
 - Nitrofurantoin 100mg bd for 7 days or
 - Trimethoprim 200mg bd for 7 days (if allergy, or eGFR <45)
- If already had trimethoprim/nitrofurantoin, consider:
 - Pivmecillinam 400mg initial dose, then 200mg three times a day for 3 days or
 - Fosfomycin 3g single dose sachet.

For Pregnant Women >16

- SEND SAMPLE FOR CULTURE
- DIPTTEST URINE and if positive for infection (Leucs and/or Nitrites) for antibiotics:
 - Nitrofurantoin (*avoid from 37 weeks*) 100mg bd for 7 days if eGFR ≥45ml/minute.
- If already had nitrofurantoin, or unsuitable, consider:
 - Amoxicillin (if culture results available and susceptible) 500mg tds for 7 days.
 - Cefalexin 500mg twice a day for 7 days.

For Men >16

- SEND SAMPLE FOR CULTURE
- DIPTTEST URINE, but treat if symptomatic.
- If symptoms ticked consistent with urinary infection for antibiotics
 - Nitrofurantoin 100mg bd for 7 days or
 - Trimethoprim 200mg bd for 7 days (if allergy, or eGFR <45)
- If already had trimethoprim/nitrofurantoin, consider:
 - Pivmecillinam 400mg initial dose, then 200mg three times a day for 7 days or
 - Fosfomycin 3g single dose sachet.

OUTCOME OF ASSESSMENT:

URINE DIPTTESTED? Yes No
If yes: Does Urine Diptest support infection? Yes No
URINE SAMPLE SENT FOR CULTURE? Yes No
PRESCRIPTION RAISED? Yes No Passed to Duty Doctor

Signed by PN/HCA/Pharmacist: Date: / /

ACTION TO BE TAKEN BY RECEPTION:

Advise patient to collect script
Advise patient no evidence of urine infection
Advise patient to make appointment
Advise patient to wait for the result from the laboratory

Signed by GP: Date: / /

Signed after action by reception: Date: / /

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