



PROCESSING URINE SAMPLES ADULTS ONLY (AGE 16 OR OVER)

Date Stamp/Initial

Please complete form to leave with your urine sample.

DO NOT USE FOR CHILDREN UNDER THE AGE OF 16 – THERE IS A SEPARATE FORM.

DO NOT COMPLETE THIS FORM

IF YOU HAVE AN INFECTION AND ARE FEMALE BETWEEN THE AGE OF 16 AND 64 AND ARE NOT PREGNANT, DO NOT HAVE A CATHETER, OR DO NOT SUFFER FROM RECURRENT URINE INFECTIONS, ATTEND YOUR COMMUNITY PHARMACY WHO CAN TREAT YOUR URINE INFECTION QUICKER.

1) Name of Patient: Date of birth: / /

2) Address:

3) Contact phone number:

4) Name of person completing form and relationship to patient (IF NOT THE PATIENT)

Name: Relationship:

5) Are you providing the sample as you think you/the patient has an infection? ☐ Yes ☐ No

a. If 'No' why are you leaving sample?

6) Is the sample from a urinary catheter? ☐ Yes ☐ No

7) Are you/the patient pregnant? ☐ Yes (if yes, how many weeks?) ☐ No ☐ Does not apply

8) 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

9) What symptoms do you/the patient have (tick all that apply)?:

- a. Visible blood in the urine (and not currently menstruating) ☐
- b. Pain on passing urine ☐
- c. Confusion ☐
- d. Raised temperature/Feeling hot and sweaty ☐
- e. Pain in lower abdomen ☐
- f. Pain in back ☐
- g. Need to pass urine more frequently or urgently? ☐
- h. Constipation? ☐
- i. New onset urinary incontinence? ☐

10) Which chemist would you/the patient like any prescription sent to?

11) Are you/the patient allergic to any antibiotics? ☐ Yes ☐ No

a. If yes, please list:

12) Signed (Patient or Representative): Date: / /

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)
- If already had trimethoprim/nitrofurantoin, consider:
 - Pivmecillinam 400mg STAT then 200mg three times a day for 3 days
or Fosfomycin 3g single dose sachet

For Women >65, OR recurrent infection [IF YES TO Q8]

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

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:
 - Cefalexin 500mg twice a day for 7 days or treat as per C&S result.

For Men >16, OR recurrent infection [IF YES TO Q8]

- SEND SAMPLE FOR CULTURE, DO NOT DIPTTEST, if >65.
- 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 <45ml/minute)
- If already had trimethoprim/nitrofurantoin, consider treatment based on C&S result.

For catheterised [IF YES TO Q6]

- SEND SAMPLE FOR CULTURE, DO NOT DIPTTEST
- Do NOT treat asymptomatic bacteriuria (i.e. positive cultures without symptoms)
- Consider previous antibiotic use and recent urine culture antibiotic sensitivities if available before commencing treatment.
 - Co-amoxiclav 500/125mg TDS for 7 days (if eGFR over 30ml/min)
OR Ciprofloxacin 500mg BD for 7 days (if eGFR over 30ml/min)

Consider cancer/TWW referral

- Microscopic haematuria (unexplained) with dysuria/raised WBC Count ≥ 60 year old.
- Macroscopic haematuria (unexplained or persists/recurs after Rx for UTI) ≥45 year old
- Macroscopic haematuria in male - for PSA/DRE

OUTCOME OF ASSESSMENT:

URINE DIPTTESTED? ☐ Yes ☐ No
If yes: Does Urine Diptest support infection? ☐ Yes ☐ No
URINE SAMPLE SENT FOR CULTURE? ☐ Yes ☐ No
HAEMATURIA: ☐ Macroscopic (Visible) ☐ Microscopic (Diptest) ☐ None
RISK OF DIABETIC KETOACIDOSIS (Any 2 boxes ticked): ☐ Diabetic patient ☐ Ketones ☐ Glucose
If risk of DKA report to Duty Doctor immediately.

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 ☐ today, in ☐ days, or in ☐ weeks ☐
Advise patient to wait for the result from the laboratory ☐
Request patient to provide repeat urine sample after 14 days (if haematuria) ☐
No action needed – patient contacted by GP/Clinician ☐

Signed by GP/Pharmacist: Date: / /

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