

**Urinary Tract Infection (UTI) Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of infection of the urinary tract, kidneys, or blood.

**Desired Outcome:**       will maintain proper hygiene, stay hydrated, and will remain free from infections. Staff will respond as trained if symptoms of infection of the urinary tract, kidneys, or blood are exhibited.

**Why at risk/History:**

A **urinary tract infection (UTI)** is an infection in any part of the urinary system: kidneys, ureters, bladder, or urethra. Most infections involve the lower urinary tract — the bladder and the urethra and typically occur when bacteria enter the urinary tract through the urethra and begin to multiply in the bladder. Although the urinary system is designed to keep out bacteria, these defenses sometimes fail and may result in a UTI.

**Supports and interventions:**

* Staff will encourage      , as needed, to consume of plenty of liquids, especially water and cranberry juice. This helps dilute urine and ensures urination more frequently — allowing bacteria to be flushed from the urinary tract before an infection can begin.
* Staff will assist      , as needed, with personal care, ensuring that they wipe from front to back when washing genital area daily and wiping after using the restroom. Doing this after urinating or bowel movement helps prevent bacteria in the anal region from spreading to the vagina and urethra.
* Staff will prompt/assist      , as needed, to drink a full glass of water to help flush bacteria and to use the restroom in order to empty the bladder soon after exercise, swimming, intercourse, or any other activity that may introduce bacteria to the genital area.
* Staff will assist      , as needed, to avoid using potentially irritating hygiene products, such as deodorant sprays, perfumes, powders, etc., in the genital area as they can irritate the urethra.

**Monitor:**

* A strong, persistent urge to urinate
* A burning sensation when urinating
* Passing frequent, small amounts of urine
* Urine that appears cloudy
* Urine that appears red, bright pink or cola-colored — a sign of blood in the urine
* Strong-smelling urine
* Pelvic pain, in women — especially in the center of the pelvis and around the area of the pubic bone
* Upper back and side (flank) pain
* Pelvic pressure
* Lower abdomen discomfort
* Frequent, painful urination
* Blood in urine
* Discharge
* Change in mental status
* Nausea
* Vomiting
* Severe abdominal or back pain
* Shaking and chills
* High fever

**Notify:**

* **CALL 911 if exhibiting vomiting, confusion, severe abdominal or back pain, shaking and chills, high fever, or passing bright red blood in urine, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of infection of the urinary tract, kidneys, or blood, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of infection of the urinary tract, kidneys, or blood, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Urinary Tract Infection (UTI)** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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