

Ditch the Dipsticks in Older Adults

In long-term care settings, many residents showing signs of a urinary tract infection (UTI) are given a urine dipstick test for confirmation. However, these tests are unreliable in older adults over the age of 65 and often result in unnecessary antibiotic prescriptions. Overdiagnosis of UTIs is one of the most common reasons for the unnecessary use of antibiotics in LTC.

In response to this concern, over ten societies, associations, and organizations have come together to endorse a statement advocating against the use of urine dipsticks in older adults. This collaborative effort aims to reduce the overuse of antibiotics in LTC settings and promote evidence-based best practices.

Urine Dipstick Recommendation:

- Do NOT purchase, store, or use urine dipsticks in long-term care homes.
- Do NOT perform urine dipstick in adults > 65 years old who present to a clinic, an Emergency Department or any other health care setting.

Note: Routine and microscopic urine evaluation should continue to be used for non-infectious indications only (e.g. to rule out hematuria, proteinuria); Urine culture should continue to be used and only collected after clinical assessment if localizing urinary symptoms are present suggesting cystitis (e.g. acute dysuria, suprapubic tenderness) or pyelonephritis (e.g. fever, flank pain).

Sources:

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Endorsed by:

College of Family Physicians of Canada
Canadian Society for Long-Term Care Medicine
Canadian Nurses Association
Canadian Pharmacist Association
Nurse Practitioner Association of Canada
Association of Medical Microbiology and Infectious Disease Canada
Canadian Urological Association
Canadian Geriatrics Society
Canadian Association for Long Term Care
Health Standards Organization (HSO)

For tools and resources:

<https://choosingwiselycanada.org/long-term-care/antibiotics/#dipstick-resources>