

URINE CULTURE ORDERING CHECKLIST

Asymptomatic bacteriuria is often treated unnecessarily, and accounts for a substantial burden of unnecessary antimicrobial use. Therefore, urine cultures should only be obtained on adult inpatients for appropriate reasons.

The following is an effective strategy for how and when to order a urinalysis and/or urine culture:

Does the patient have any of the following *without alternate explanation*?

- Urgency, frequency, dysuria
- Suprapubic pain or tenderness
- Costovertebral pain or tenderness
- New onset mental status changes with leukocytosis (WBC > 10,000 cells/mm³), hypotension (SBP < 90mmHg), or ≥ 2 SIRS criteria*
- Fever > 38° C or Rigors
- Acute hematuria
- Increased spasticity or autonomic dysreflexia in a spinal cord injury patient

**SIRS Criteria includes:* temperature > 38.5°C or < 35°C, HR > 90 bpm, RR > 20 breaths per minute or PaCO₂ < 32 mmHg, abnormal WBC (> 12,000/μL or < 4,000/ μL or > 10% immature [band] forms)

YES

NO

Send UA and, *if positive*,
send Urine Culture

Document indication for
sending urine culture

Do **NOT** send urine culture

Note: Change in urine color, urine
smell, and/or urine sediment alone are
not a reason to send a urine culture.

**Symptom-based screening may not be reliable in the setting of renal transplants or urinary diversion. Additionally, please use your clinical judgement in patients with severe sepsis/septic shock or with baseline cognitive or functional impairment with new functional decline or falls who are hemodynamically unstable without alternative etiology.

Urine culture alone is appropriate for febrile neutropenia and ASB screening for pregnancy or prior to urologic procedures.