

Lifespan
Infection Control

MEMO

To: Members of the active staff and house staff

From: Dr. Leonard Mermel, Medical Director,
Department of Epidemiology & Infection Prevention, Lifespan Hospital System

Date: 12/4/2023

Re: Urine cultures

On December 11, 2023, the process for ordering a UA and urine culture on inpatients will change as noted below.

Orders for a UA when infection is *not* suspected will be ordered as Urinalysis (no infection suspected).

Urine collected from patients with a suspected urinary tract infection will be ordered as Urinalysis with reflex to Culture. For such cases, a UA with >10 white blood cells (WBCs) per high-power field will reflex to urine culture for patients having one or more clinical indications for urine culture (see power point presentation). However, urine will reflex to urine culture regardless of the number of WBCs if a UTI is suspected in patients who are either neutropenic, pregnant, in septic shock, renal transplant recipients, urology service patients, or children ≤ 2 months of age.

These changes will reduce urine specimens sent for culture when not clinically indicated, thereby reducing unnecessary antibiotic use, reducing risk of *C. difficile* colitis, etc.

Your assistance with the above-noted change is much appreciated.

Per Dr. Mermel, if a clinician insists on a culture when the UA does not indicate >10 WBC, we tell them that from data in the peer-reviewed medical literature, a UTI is very unlikely if WBC < 10 in non-neutropenic patients. The suggestion is for them to look for other sources of fever. If unrevealing, consider an ID consult.



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