Diagnostic algorithm for ordering urine cultures and starting antibiotics if positive for nursing home residents in the intervention arm in the Loeb trial. (Loeb 2005)

Patients were considered for antibiotic treatment based on presence of fever greater than 37.9˚C or 1.5˚C increase above baseline on at least two occasions over last 12 hours and one or more signs of UTI (Loeb 2005). The algorithm used is shown in Figure. Fewer courses of antibiotics for suspected urinary tract infections per 1000 resident days were prescribed in the intervention nursing homes than in control care homes (1.17 v 1.59 courses per 1000 resident days). Antimicrobials for suspected UTI represented 28.4% of all courses of drugs prescribed in the intervention nursing homes compared with 38.6% prescribed in the control care homes (weighted mean difference – 9.6%, – 16.9% to –2.4%). No significant difference was found in admissions to hospital or mortality between the study arms.