



# Take the dipstick test

## What is it:

This quick survey is a reflection tool on urine dipstick practice in your facility. Is there room for improvement?

## The dipstick test

- 1.** Are urine dipstick tests performed on residents as part of a check-up, even if they have no symptoms?

|        |            |           |       |
|--------|------------|-----------|-------|
| Always | Frequently | Sometimes | Never |
|--------|------------|-----------|-------|

- 2.** Are urine dipstick tests routinely performed after a resident has finished antibiotic treatment for a UTI?

|        |            |           |       |
|--------|------------|-----------|-------|
| Always | Frequently | Sometimes | Never |
|--------|------------|-----------|-------|

- 3.** If residents and families ask for urine dipstick tests to be done, will staff perform it even if they don't feel it's clinically needed?

|        |            |           |       |
|--------|------------|-----------|-------|
| Always | Frequently | Sometimes | Never |
|--------|------------|-----------|-------|

- 4.** Do personal carers decide whether urine dipstick tests should be performed?

|        |            |           |       |
|--------|------------|-----------|-------|
| Always | Frequently | Sometimes | Never |
|--------|------------|-----------|-------|

- 5.** Do nurses rely on their own judgement rather than written protocols or pathways to decide whether urine dipstick tests should be performed?

|        |            |           |       |
|--------|------------|-----------|-------|
| Always | Frequently | Sometimes | Never |
|--------|------------|-----------|-------|

**Congratulations if you answered "never" to all these questions! Your facility rarely performs urine dipstick testing, following best evidence-based practice.**

If you answered "sometimes", "frequently" or "always" to any of the questions, consider the Aged Care Quality and Safety Commission's "To Dip or Not to Dip" quality initiative. Inappropriate dipstick practice can lead to missed diagnoses and antibiotic overuse for asymptomatic bacteriuria. To Dip or Not to Dip can help your facility change this practice!



## Important facts about urine dipstick testing in Australian residential aged care facilities

- Routine dipstick testing in asymptomatic residents is likely to detect asymptomatic bacteriuria (ASB), which is more common in older people. Approximately 50% of residents will have ASB, 100% in those with long-term catheters. ASB is not harmful and does not need antibiotic treatment.
- Dipstick testing for investigation of resident symptoms such as behaviour change, falls, loss of appetite, smelly or cloudy urine, is also likely to commonly detect ASB rather than UTI.
- Over-reliance on the results of urine dipstick tests to diagnose UTIs is a significant problem in healthcare. There are many published papers showing this is an issue in hospitals, primary care and aged care, leading to antibiotic misuse and overuse. Even though many health professionals say dipstick testing is the way things have been done for a long time, the practice is not supported by guidelines.

## To Dip or Not to Dip can help improve the way UTIs are diagnosed and antibiotics prescribed in aged care

- It was introduced by the Aged Care Quality and Safety Commission to Australia in late 2020 and is based on most current evidence-based guidelines
- It is a quality improvement intervention that has been used in thousands of aged care facilities in UK and Australia
- It has resources for education, training and auditing, as well as a clinical pathway, consumer resources and promotional tools for facilities to use
- Australian residential aged care facilities that have implemented To Dip or Not to Dip have described changed policy, practice and staff behaviour around use of urine dipstick testing
- The clinical pathway to guide management of a resident with a suspected UTI guides staff to undertake person-centred clinical assessments using a systematic approach. Staff that have used the clinical pathway describe it as simple to use, useful and “best practice on a page”.

“ Before we always had to do dipstick testing after residents completed antibiotic courses for UTI. Now we have been told it is OK not to do it.

It has changed our staff thought processes. Instead of dipstick and antibiotics, we are doing more promoting hygiene, toileting regularly, changing pads regularly, encouraging fluids. *(Nurse)*



**Want to know more?**  
Go to [agedcarequality.gov.au/  
providers/clinical-governance/  
medication-management](https://agedcarequality.gov.au/providers/clinical-governance/medication-management)

