

MEGA NURSING & CARE PREVENTION & FALLS RESPONSE UNIT

Case Study 4 – Patient with Suspected Urinary Tract Infection

Mrs. Jane Doe, an 82-year-old female, resides in her own home and receives care support from a domiciliary care agency. The care package includes QDS visits with assistance of two to support with transfers via hoist, catheter care, toileting, and personal care. After a morning care visit to Mrs Doe, the care agency completed a referral to District Nurses' team, reporting signs of confusion and an odorous urine.

However, due to capacity constraints, the District Nurses were unable to conduct a home visit on the same day. Consequently, Mrs. Doe was referred to the Preventative Response Unit (PRU) for urgent assessment and intervention.

Upon receiving the referral, a PRU nurse promptly attended Mrs. Doe's residence to conduct a comprehensive assessment. Utilising evidence-based assessment templates and following established clinical guidelines, the nurse evaluated Mrs. Doe's presenting symptoms.

A dipstick urinalysis was performed, and the nurse assisted Mrs. Doe in providing a midstream urine sample for further analysis. The findings were documented meticulously, and the PRU nurse liaised with Mrs. Doe's General Practitioner (GP) to discuss the assessment outcomes and recommend appropriate treatment.

In the event of the GP's limited capacity to prescribe medication, the PRU's in-house Advanced Nurse Practitioner, an independent prescriber, would intervene to alleviate the pressure on the GP practice.

The PRU team would then schedule a follow-up visit to monitor Mrs. Doe's response to the prescribed treatment and ensure the resolution of her symptoms.

The PRU's involvement would continue until Mrs. Doe's condition is stabilized, and her symptoms are fully resolved. Throughout the process, the team would maintain open communication with Mrs. Doe, her family, and relevant healthcare professionals, ensuring a coordinated and patient-centered approach to her care.