

Improving Diagnosis and Treatment of Urinary Tract Infections in Nursing Home Residents with Clinical Decision Support Systems

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Opinion

Received: 01 February, 2023, Manuscript No. jnhs-23-94796; **Editor Assigned:** 03 February, 2023, Pre QC No. P-94796; **Reviewed:** 15 February, 2023, QC No. Q-94796; **Revised:** 21 February, 2023, Manuscript No. R-94796; **Published:** 01 March, DOI: 10.4172/JNHS.2023.9.2.69

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INTRODUCTION

Urinary tract infections (UTIs) are a common problem in nursing home residents, with an estimated incidence of 5-10% per year. UTIs can be difficult to diagnose in this population due to atypical symptoms, comorbidities, and the potential for asymptomatic bacteriuria. Clinical decision support (CDS) systems can aid healthcare providers in the diagnosis and treatment of suspected UTIs in nursing home residents. This paper will provide an overview of CDS and its potential use in the diagnosis and management of suspected UTIs in nursing home residents. Clinical decision support (CDS) systems are computer-based tools that provide healthcare providers with real-time clinical knowledge and patient-specific information to aid in the decision-making process. CDS systems can provide a range of support, from simple reminders to complex algorithms that incorporate patient-specific data to generate recommendations for diagnosis, treatment, and monitoring.

CDS systems have the potential to improve the quality of care and patient outcomes by reducing diagnostic errors, improving adherence to guidelines, and increasing efficiency. CDS systems can be integrated into electronic health record (EHR) systems, making them readily accessible to healthcare providers. In nursing homes, CDS systems can be particularly useful in the diagnosis and treatment of suspected UTIs, which are common in this population. The Centers for Disease Control and Prevention (CDC) has issued guidelines for the diagnosis and management of UTIs in nursing home residents, which can serve as the basis for CDS algorithms^[1-3].

DESCRIPTION

One key challenge in the diagnosis of UTIs in nursing home residents is the potential for asymptomatic bacteriuria, which is the presence of bacteria in the urine without accompanying symptoms. Asymptomatic bacteriuria is common in nursing home residents, with rates as high as 50% in some studies. However, treatment of asymptomatic bacteriuria is not recommended, as it is not associated with adverse outcomes and can lead to the development of antibiotic-resistant bacteria. CDS systems can aid healthcare providers in determining whether a resident has symptomatic or asymptomatic bacteriuria. Algorithms can incorporate patient-specific data such as age, sex, comorbidities, and medication use to generate a recommendation for further diagnostic testing or treatment^[4,5].

Another challenge in the diagnosis of UTIs in nursing home residents is the atypical presentation of symptoms. Older adults may not exhibit classic UTI symptoms such as dysuria, urgency, and frequency. Instead, they may present with nonspecific symptoms such as confusion, falls, and incontinence. This can lead to underdiagnosis and undertreatment of UTIs in this population. CDS systems can aid healthcare providers in recognizing atypical UTI symptoms and generating recommendations for further diagnostic testing or treatment. Algorithms can incorporate patient-specific data such as cognitive function, mobility status, and continence status to generate recommendations for further evaluation.

CONCLUSION

The use of CDS systems in the diagnosis and treatment of suspected UTIs in nursing home residents has the potential to improve patient outcomes and reduce healthcare costs. CDS systems can improve adherence to evidence-based guidelines, reduce diagnostic errors, and reduce unnecessary antibiotic use. In addition, CDS systems can improve the efficiency of the diagnostic

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and treatment process, reducing the time to diagnosis and treatment. One potential challenge in the implementation of CDS systems in nursing homes is the availability of EHR systems. Not all nursing homes have EHR systems in place, and those that do may have different systems with varying degrees of functionality. In addition, healthcare providers may not be trained in the use of CDS systems, which can lead to underutilization. To overcome these challenges, nursing homes can implement EHR systems that incorporate CDS functionality and provide training to healthcare providers on the use of CDS systems. In addition, nursing homes can collaborate with healthcare providers and IT vendors to develop and implement CDS

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