

NEW URINE CULTURE PANEL

FOR ADULT INPATIENT

WHAT IS NEW?

This order panel will provide guidance around ordering tests for infection in the urine.

Within the order panel, ordering a UA/urine culture requires selecting an indication.

WHY THE CHANGE?



Foley catheters often have harmless bacteria present, which urine tests can detect.



Treating non-infectious bacteria with antibiotics can lead to antibiotic resistance.



Only perform urine cultures when there are clear symptoms of a UTI.

GENERAL GUIDELINES FOR URINE TESTING

INDICATIONS

- New signs or symptoms of UTI:
 - New burning
 - Urinary urgency
 - Pelvic or suprapubic discomfort
 - Flank pain
- Sepsis without known source
- Unexplained persistent fever
- Increased spasticity and/or autonomic dysreflexia in patients with spinal cord injury

NOT INDICATIONS

- Encephalopathy without urinary symptoms or sepsis
- Cloudy and/or malodorous urine or increased sediment



UCSF Recommendation:

Foley catheters that have been in place for at least 7 days should be exchanged **BEFORE** a urine sample is sent if clinically feasible.

Re: Urine Culture Order Panel
To: UCSF Adult and Pediatric Inpatient Providers (West Bay)

12.16.2025

Starting on December 16, 2025, all inpatient urine cultures will be ordered through a new unified **“Urine Culture Panel.”** This will be the **only** way to order a urine culture on an inpatient.

The aim of the new order panel is to help clinicians select appropriate testing for their patient and to avoid unnecessary urine tests.

The panel is the result of a collaboration between many stakeholders UCSF Health-wide, including Hospital Epidemiology and Infection Prevention and the Antimicrobial Stewardship Program.

All prior synonyms will lead to this panel, including “urinalysis” and “urine culture.”

Order and Order Set Search

Select an indication to see the pre-selected ordering options, such as urinalysis with reflex to urine culture or urinalysis with automatic urine culture (depending on patient population).

Urine Culture Panel ✓ Acc

☒ Urine Culture

General Guidelines:

Does NOT warrant testing for UTI:

- Cloudy, malodorous, and/or high-sediment urine
- Encephalopathy without urinary symptoms and/or sepsis
- Urine testing sent in the last 48 hours (very low-yield)

Urine Cultures (Past 48hrs)

None

Caution with testing for UTI:

- Presence of a urinary catheter: High risk of bystander bacteria if catheter in place for 7 or more days

SELECT ONE of the following Indications:

☐ New signs or symptoms of UTI: New burning, urgency, pelvic or suprapubic discomfort, or flank pain

☒ Sepsis without known source OR unexplained persistent fever

☒ Urinalysis with Microscopy, reflex to Culture

Urine, Urine, clean catch, Routine, Once, today at 1122, For 1 occurrence

Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability. No, release immediately

☐ Neutropenic (ANC < 500) with new signs or symptoms of UTI

☐ Asymptomatic bacteriuria screening: Pregnancy, < 1 month post-kidney transplant, < 1 month pre-urollogic surgery (for procedures that cause mucosal trauma (e.g. TURP, lithotripsy))

☐ Increased spasticity and/or autonomic dysreflexia in patients with spinal cord injury

☐ Pediatric patient < 24 months old with insufficient urine volume for reflex culture

☐ Urine culture with Gram stain (surgical collection only)

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Patients with indwelling urinary (Foley) catheters

You'll also see options for the management of a urinary catheter if the patient has one. Because catheters can rapidly become colonized by bacteria, urine specimens from catheters in place for at least a week can be misleading. Consider removing or exchanging the patient's urinary catheter, if clinically appropriate. Testing from the catheter will remain an option for patients in whom catheter exchange or removal is not feasible.

☒ Urinary Catheter Interventions

This patient has a urinary catheter in place for at least 7 days. These catheters can rapidly become colonized by bacteria that aren't causing an infection, thus it is UCSF policy that they be exchanged before a urine sample is sent if clinically feasible. Please consider the following:

- Remove urinary catheter if no longer necessary to obtain clean catch specimen
- Remove urinary catheter if no longer necessary to obtain straight catheterization specimen
- Exchange foley and collect urine specimen from new foley
- Collect urine from existing foley (Warning: bacterial colonization of foley is likely - consider exchange of catheter if no contraindication)

☒ Remove Urinary Catheter Now

Remove: Now

- ☐ Exchange urinary catheter and collect urine specimen from new urinary catheter
 Once
- ☐ Collect urine from existing urinary catheter (Warning: bacterial colonization is likely - consider exchange of catheter if no contraindication)
 Once