

# 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.

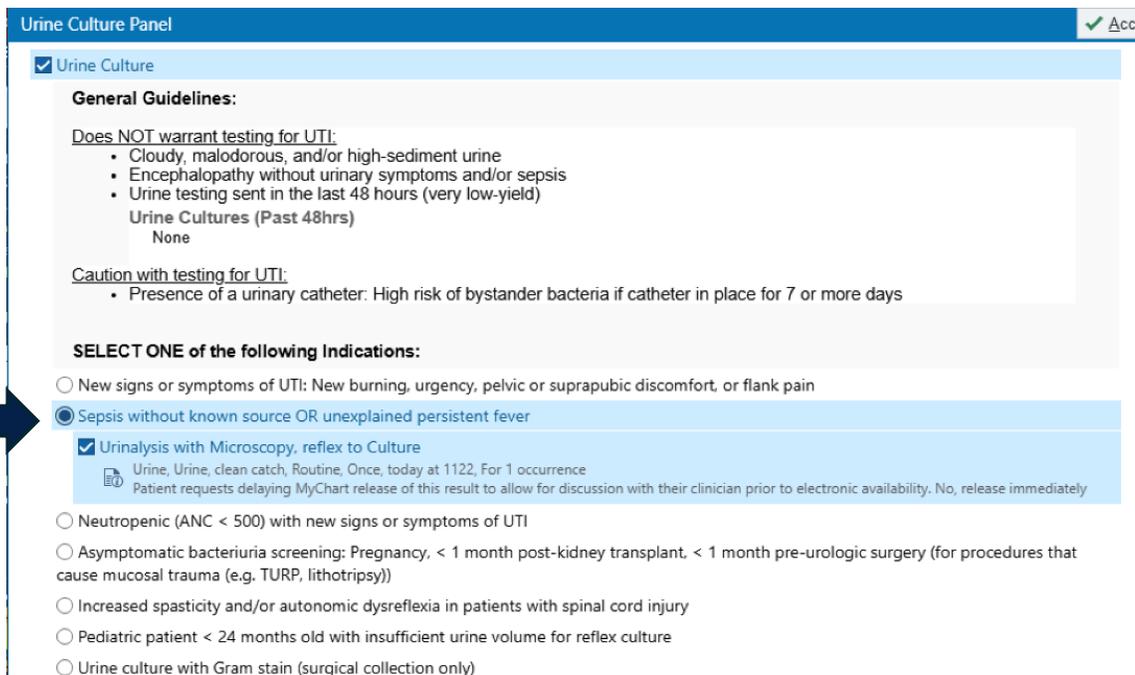
The panel is the result of a collaboration between many stakeholders UCSF Health-wide, including Hospital Epidemiology and Infection Prevention and the Antimicrobial Stewardship Program.

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).



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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