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How to interpret urine culture

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In: Walls RM, Hockberger RS, Gausche-Hill M, Rosen's Emergency Medicine: Concepts and Clinical Practice. 9th ed. Philadelphia, PA: Elsevier; 2018:chap 89.Nicolle LE, Drekonja D. Approach to the patient with urinary tract infection. In: Goldman L, Schafer AJ, eds. Goldman-Cecil Medicine. 26th ed. Philadelphia, PA: Elsevier; 2020:chap 268. A CAUTI occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause symptoms. CAUTIs have been associated with increased morbidity, mortality, healthcare costs, and hospital length of stay. They require treatment with antibiotics. The bar charts show the percent of patients reporting how often they had the symptom over six months. In many trials, less than half of the trial participants are still taking the drug at six months. The main reasons that trial participants stop taking the drug include progressive (worsening) disease, death, and drug toxicity. As these charts capture only the first six months on treatment, they do not reflect patient reports of symptoms that appear after the first 6 months of treatment and may not show the pattern of worsening/improving that may occur with certain symptoms as treatment continues (e.g., nausea, neuropathy). The bar charts include the number of trial participants who were still taking the drug at each week. Each bar represents a week and the colors correspond to the responses trial participants gave. On the outside of the bar graph under "N" are the number of participants who gave a response that week. The percentage in the green space is the group of patients who did not have the symptom that week. The pie charts show the worst response a participant gave during the first 24 weeks of taking the drug. For example, at week 4, a participant might have reported "frequent" nausea, but after week 4 their nausea was occurring "occasionally" (representing an improvement). In the pie chart, this participant would be counted in the area of the pie chart representing "frequently", because that was their worst nausea score. Example: Nausea In the study, patients were asked: "In the last 7 days, how OFTEN did you have NAUSEA?" Patients scored how often they had Nausea on a 5-point scale (Never, Rarely, Occasionally, Frequently, Almost Constantly) All Patients Who Completed the Questionnaire Described Their Experience of Nausea During the First 24 Weeks on Treatment: Figure 1 shows the percent of patients reporting how often they had Nausea at each time point. For example, at week 2, 20% of patients taking Drug A had Nausea (ranging from Rarely to Frequently), while 80% reported no Nausea at the same time point. At week 5 there was the smallest number of patients with nausea (12%). At week 14 there was the largest number of patients with nausea (29%). Figure 1. Patient-Reported Diarrhea During the First 24 Weeks on Treatment All responses from patients' experiences just before and up to week 24 on-treatment were included in the analysis. Some patients did not report their symptoms every week, therefore the number of patients may change week to week. Furthermore, not all patients remained on the treatment for 24 weeks (e.g., some stopped treatment for worsening disease) which is one reason for the change in the number of patients over the course of treatment. Worst Response Option for Nausea That Patients Reported During the First 24 Weeks on Treatment Figure 2 shows the worst response option reported by patients for Nausea during the first 24 weeks on treatment. For example, for patients taking Drug A, 43% never reported Nausea and 6% reported Nausea that, at its worst, occurred Frequently during the first 24 weeks on treatment. For patients taking Drug B, 13% never reported Nausea, and 25% reported Nausea that, at its worst, occurred Rarely during the first 24 weeks on treatment. Figure 2. Worst Patient-Reported Nausea During the First 24 Weeks on Treatment What Is a Clean Catch Urine Sample?A clean catch urine sample or specimen is one of the least invasive procedures for a urine culture or urinalysis. The clean catch method aims to prevent bacteria from the skin of the penis or vagina from contaminating the urine specimen. It's important to follow the clean catch process to have accurate results from an uncontaminated sample.The most common reason to get a clean catch urine sample is to test for a urinary tract infection (UTI). Symptoms of a UTI include pain or burning and a constant urge to urinate. Even if you have no overt symptoms, your doctor may request a urine culture as part of a complete physical.However, urine cultures can also check for the followingunusual infections of the bladder or kidneystress incontinencepH levels in pregnant womenthe presence of kidney stonesdrugs in the systemYour doctor may ask for a urine sample at any visit. Before your appointment, ask if you'll need to provide a clean catch sample. If you can't urinate at the clinic or doctor's office, ask for a clean catch kit to take home. After completing the clean catch at home, drop off the sample as soon as possible. You'll need to refrigerate the sample if it will be more than 30 minutes until you can drop it off.Some clinics provide a clean catch kit consisting of a plastic container with a lid, a label for you to write your name on, and an individually wrapped, moist towel. Others ask that you use soapy water instead of providing a moist towel.Note that it's important to collect a urine sample midstream. This means that you should start urinating, then stop your flow. Place the collection container underneath your genital area and then release your urine flow again.You can usually find instructions similar to those below listed on a sheet of paper provided by someone in the clinic or on a laminated instruction sheet posted in the clinic bathroom.StepsWash your hands.Remove sterile container from packaging and write your name on the label, if provided.Females should use a packaged, moist towel to clean the vulva and perianal areas starting from front to back. Repeat with a second moist towel.Males should retract the foreskin from the penis if necessary and use the packaged towel to clean the penis from the tip to the base. Repeat with second towel.Females should then spread their labia with one hand and start urinating into the toilet. With the other hand, they should put the urine container under the genital area to catch the stream of urine without touching any skin.Males should retract the foreskin if necessary with one hand and start urinating into the toilet. Then, position the urine container with the other hand to catch the stream without touching any skin.Don't fill urine to the top of the sterile container. No more than half a container is necessary.Place the lid on the container and set it on the sink or someplace stable while you finish urinating into the toilet.Screw the lid securely on the container and wipe it off. Wash your hands and drop off the container to the lab as instructed.It will take 24 to 48 hours for the lab to culture the sample. Ask your doctor how they will notify you of the results.Note: If an infant is providing the urine sample, the clean catch kit will consist of a plastic bag with a sticky strip on one end that fits over the baby's genital area, as well as a sterile container. Use the same cleaning methods and the plastic bags for collecting the urine. Pour the urine into the sterile container.Cultures with greater than 100,000 colony-forming units (CFU) of a single bacteria provide a positive test result. This usually indicates an infection that needs an antibiotic for treatment. No growth, or a negative result, indicates there is no infection present.If the test results show the growth of several different types of bacteria, it likely means that the urine sample was contaminated during the collection process. The clean catch protocol reduces the chance of contamination. CC-By/mohamed_hassan/pixabay Urination is the body's filtration system. When toxic or otherwise unwanted substances pass through the kidneys, they are filtered out and exit the body through urine. Without urination, toxins build up, causing problems with the bladder and even kidney damage. It pays to familiarize yourself with the most common causes of problems with urination, why they occur, and what options are available for treatment if one of these issues should arise. Urinary hesitancy, or difficulty starting or maintaining a urine stream, is one of the most common problems with urination and can occur in all ages and genders. This condition typically goes unnoticed at first because the symptoms show slowly over time. You may experience difficulty starting or maintaining your urine stream, and then out of what seems like nowhere, you're unable to urinate at all. The inability to release urine leads to discomfort and swelling in the bladder, causing pain and discomfort. While urinary hesitancy isn't tied to men exclusively, over 90% of men over their 40s experience some trouble urinating. This includes difficulty starting urination, weak urine stream, and pain while urinating. Common causes of urinary hesitancy in older men include an enlarged or infected prostate, while bladder infections often cause urinary hesitancy in both men and women. If an infection is the cause of urinary hesitancy, additional symptoms frequently occur, including:More frequent urination Burning or pain with urination Cloudy urine Urinary urgency (the sudden, strong urge to urinate)Other causes of urinary hesitancy include:Nervous system disorders Scar tissue on or near the bladder tubing Pelvic spastic muscles Recent surgery Certain medications, including tricyclic antidepressants and cold and allergy medicationsTracking patterns in your urination and reporting any changes to your doctor can help prevent hesitancy from becoming a medical emergency. Applying heat to the lower abdomen area where the bladder is can help pass urine, as the heat helps to relax the bladder muscles. Lightly massaging the bladder during urination can help empty the bladder completely. If neither of these remedies helps, a warm shower or bath can stimulate urination. If you're unable to pass any urine or only a small amount over the course of two days, you should contact your doctor immediately. Serious symptoms that require immediate medical attention include shaking, chills, fever, vomiting, blood in the urine or unusual discharge. Urinary tract infections can happen to anyone, from the elderly to newborn babies. While more easily treated than urinary hesitancy, a urinary tract infection can lead to serious problems if left untreated. Commonly referred to as a urinary tract infection (UTI) this type of infection can affect any part of the urinary system, and the most common symptom is difficulty urinating. An infection within the kidneys or ureters, the urethra can cause a UTI, but the most common source is the lower urinary tract- the urethra and the bladder. Women are more likely to experience UTIs than men because bacteria can enter their urinary tracts more easily, but they occur in both genders. A urinary tract infection is often painful and can cause bloody or dark urine. Common causes of UTIs include: Immune System Disorders: Conditions like diabetes and similar diseases that impair your immune can cause UTIs because they weaken the immune system and reduce the body's defense against germs. Urinary Tract Abnormalities: Certain conditions like kidney stones or enlarged prostate glands can block urine from leaving the bladder and cause UTIs. Abnormalities in the urinary tract system can also occur at birth. Babies can be born with abnormalities that prevent urine from leaving the body properly or cause the urine to move back up the urethra, leading to urinary tract infections. Catheters: A catheter is used when the patient is unable to pee on their own due to surgery, age, hospitalization, neurological problems or other causes. The body sees the catheter as a foreign object and treats it as an infection, leading to a UTI. Catheters also put you at risk for higher than normal amounts of bacteria entering the urinary tract.If you experience UTIs often, there are steps you can take at home to help prevent UTIs. They include:Stay hydrated: Drinking plenty of water helps you pee more easily and frequently. When you drink enough water, your body is able to flush out bacteria quicker, helping to remove them from your urinary tract before they can cause an infection. Wipe properly: Most people were taught to wipe from front to back for good reason. After a bowel movement or urinating, proper wiping prevents bacteria from the anal region spreading to the urethra, which can lead to infection. Avoid irritating products: Women especially should be wary of what they use by the genital area. Douches, powders, and even sprays designed for the genital area can cause UTIs by irritating the urethra. Urinate after intercourse: Bacteria can enter the urinary tract after intercourse, but urinating pushes the bacteria out before it can move farther up the urinary tract and cause infection.While UTIs are often annoying, the good news is that they are easily treated. Antibiotics form the first line of treatment and typically clear up the condition quickly. They can be used either as a pill or a cream that's applied to the genital area. UTIs are typically not a cause for alarm, but when the infection is present for an extended period without treatment, it can lead to the infection spreading to other areas of the body. In severe cases, hospitalization may be required.Problems with urination are painful, annoying, and sometimes even frightening. Both urinary hesitancy and urinary tract infections can make life difficult by re-occurring frequently, but by recognizing the symptoms early and taking action to treat them, these conditions do not need to be debilitating.

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