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NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Top tips for urine dipsticks

Northern, Eastern and Western Devon Clinical Commissioning Group has worked with GPs and practice nurses to develop five top tips on making the best use of urine dipsticks and the microbiology/chemistry service.

Annual QOF urines for ACR/PCR:	ACR/PCR result clinically significant? Consider transient cause of albuminuria/ proteinuria.	Limit dip sticking of urines.	Send MSUs according to HPA guidance and only if symptomatic.	Limit/stop residential and nursing homes dropping off MSU and catheter samples to be tested which may not be clinically indicated.
Do not dipstick urines. Send lab urine for ACR. The lab will automatically process a PCR if required.	UTIs Ask the patient if they are symptomatic: there is very little value in culturing (or dipping) the urine of an asymptomatic patient. Treat a UTI only if the patient is symptomatic. Other transient causes: Repeat ACR in 2 weeks.	Dipsticks have poor sensitivity and specificity for diagnosis of UTIs in asymptomatic patients – do not dipstick at QOF annual review. Dipstick for WCC and nitrites only if the patient is symptomatic (including falls and confusion in the frail and elderly). Dipstick for blood: • New diagnosis of CKD (eGFR<60 or ACR>30 or ACR>2.5 DM), • New diagnosis HT (and send ACR) • When you clinically suspect renal/ urological disease.	If this is a recurrent UTI or treatment failure, it is worth sending MSU to confirm the diagnosis and obtain sensitivities (and in those with a complicated renal history, i.e. transplant, ileal conduit, etc.).	

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