

Pathology and Laboratory Medicine Memorandum

To: Central Zone Healthcare Providers and Health Service Directors

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Subject: Reducing unnecessary urinalysis testing in Central Zone

There is no added benefit in performing in-lab urinalysis on patients who have negative point of care (POC) urine dipstick results. Urine samples with normal in-lab dipstick analysis for blood, protein, leucocyte esterase or nitrites do not undergo microscopic examination. This in-lab dipstick methodology does not differ from that of POC dipsticks utilized by health care providers.

Important notes:

1. Urinalysis in NSH Central Zone is a high-volume test and the vast majority show negative or inconsequential findings. Many are requested as part of a 'routine' screen for asymptomatic patients, which is not recommended. This may lead to unintended deleterious consequences such as:
 - a. Detection of clinically irrelevant findings that may lead to a delay in diagnosis.
 - b. Inappropriate prescription of antimicrobial agents for the treatment of asymptomatic bacteriuria which can result in unnecessary side-effects while promoting antimicrobial resistance and its associated significant consequences.
2. Indications for urine analysis are ideally as follows:
 - a. Patients with symptoms suggestive of a UTI or other urine tract disorder such as: painful urination, worsening urinary frequency/urgency, blood in urine, or suprapubic pain/tenderness.
 - b. Monitoring patients with known kidney conditions, diabetes, or renal protein loss.
 - c. Screening of pregnant females or certain pre-operative patients.
3. Foul smelling, dark, and/or cloudy urine without urinary symptoms of infection should not be investigated with either urinalysis or urine culture as these signs are more typical of dehydration than of infection.

Your consideration of the above information is greatly appreciated.

If you have any questions, please contact Dr. Elnenaei at (902) 473-5194