



[A Need for a Time-Out: A Consensus Statement From the Post-Acute and Long-Term Care Medical Association \(PALTmed\) on the Use of Urine Polymerase Chain Reaction Testing for Urinary Tract Infections](#)
- [Journal of the American Medical Directors Association](#)

UTI is a clinical diagnosis based on specific symptoms plus a positive urinalysis (UA) and urine culture as outlined in our previous UTI consensus statement (See [Figure 1](#)).¹ Nonspecific symptoms such as altered mental status, foul-smelling urine, and falls have low positive predictive values (PPVs) for the diagnosis of UTI.⁸⁻¹¹ Studies have shown no benefit for treating these symptoms with antibiotics, and guidelines recommend investigating alternative causes.^{1,2}

It is important to note that a UA that is negative for leukocyte esterase and nitrites rules out a UTI. However, UA that is positive for either leukocyte esterase or nitrite does not confirm a UTI.



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Residential & Long-term Care News and Updates

New PALTmed consensus statement: avoid routine use of urine PCR

The Post-Acute and Long-Term Care Medical Association (PALTmed) released a new consensus statement advising against the routine use of urine polymerase chain reaction (PCR) testing for the diagnosis of urinary tract infections (UTIs) in post-acute and long-term care (PALTC) settings. A workgroup for PALTmed identified significant concerns upon comprehensive literature review, including potential for overdiagnosis due to higher sensitivity of the test, unclear links between resistance data and antibiotic susceptibilities, and higher costs. The workgroup states that there is no objective evidence of patient benefit.

Instead, the workgroup recommends ordering urinalysis and culture when clinical criteria are met, such as the presence of local urinary symptoms described in the Loeb criteria. Facilities are encouraged to follow the [Centers for Disease Control and Prevention's Core Elements of Antibiotic Stewardship for Nursing Homes](#) to guide appropriate testing and treatment decisions. This statement was also endorsed by the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the American Association of Post-Acute Care Nursing (AAPACN).

Visit [JAMDA](#) for the full text of the consensus statement. For resources to support appropriate UTI diagnosis and treatment in the nursing home setting, such as the [UTI action tool](#) and [guideline summary](#), visit the CDPHE antimicrobial stewardship in long-term care [website](#).

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