Table 4. Instructions for Completion of the Urinary Tract Infection for LTCF form (CDC 57.140)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the system.
Event ID	Event ID number will be auto-entered by the system.
Resident ID	**Required**. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays.
Social Security #	**Required**. Enter the resident's 9-digit numeric Social Security Number or Tax Identification (ID) Number.
Medicare number	*Optional*. Enter the resident Medicare number or comparable railroad insurance number.
Resident Name, Last First, Middle	*Optional*. Enter the name of the resident.
Gender	**Required**. Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	**Required**. Record the date of the resident's birth using this format: MM/DD/YYYY.
Ethnicity (specify)	*Optional*. Enter the resident's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	*Optional*. Enter the resident's race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Resident type	**Required**. Select short-stay or long-stay to indicate the resident type: Short-stay: Resident has been in facility for ≤ 100 days from date of **first** admission to facility. Long-stay: Resident has been in facility for > 100 days from date of **first** admission to facility.
Date of first admission to Facility	**Required**. The date of first admission is defined as the date the resident **first** entered the facility. This date remains the same even if the resident leaves the facility (e.g., transfers to another facility) for short periods of time (<30 consecutive days). If the resident leaves the facility and is away for ≥ 30 consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.
Date of current admission	**Required**. The date of current admission is the most recent date the resident entered the facility. *If the resident enters the facility for the first time and not left, then the date current admission will be the same as the data of first admission.* If the resident leaves the facility for > 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be

	updated to the date of return to the facility.
	If the resident has not left your facility for > 2 calendar days, then the date of current admission will not change.
	Enter date using this format: MM/DD/YYYY.
	Example: A resident is transferred from your facility to an acute care facility on June 2nd 2012 and returns on June 5th 2012, the current admission date would be 06/05/2012. One week later, the same resident goes to the ED for evaluation on June 12th 2012 and returns on June 13th 2012. The date of current admission stays 06/05/2012.
Event Type	**Required**. Event type = UTI.
Date of Event	**Required**: Enter the date when the first clinical evidence (signs or symptoms) of infection were documented **or** the date the specimen used to meet the infection criteria was collected, *whichever comes first*. Enter date using this format: MM/DD/YYYY.
	Example: A resident had an indwelling urinary catheter (also called a Foley catheter) in place and had documentation of new suprapubic pain on June 1st. The resident had a urine specimen collected and sent for culture June 3rd. The Date of Event would be June 1st since this is the date of symptom onset and occurred before the date of culture collection.
Resident care location	**Required**. Enter the location where the resident was residing on the Date of Event.
Primary resident service type	**Required**. Check the single primary service that best represents the type of care the resident is receiving on the Date of Event: Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.
Has resident been transferred from an acute care facility in the past 3 months?	**Required**. Select "Yes" if the resident has been an inpatient of an acute care facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) and was directly admitted to your facility in the past three months, otherwise select "No".
If yes, date of last transfer from acute care to your facility?	*Conditionally required*: If the resident was transferred from acute care to your facility in the past 3 months, enter the most recent date of transfer using format: MM/DD/YYYY.
If yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility?	*Conditionally required*: Select "Yes" if the resident was transferred from acute care to your facility with an indwelling urinary catheter (also called a Foley catheter); otherwise select "No".
Indwelling urinary catheter status at time of event onset	**Required**. Select one of the three options below: Check: <u>In place</u> only if an indwelling urinary catheter (also called a Foley catheter) was in place on the Date of Event. *Note: This field does not refer to how the specimen was collected.* Check: <u>Removed within last 2 calendar days</u> if an indwelling urinary catheter was removed within the 2 calendar days prior to Date of Event (where date of

	removal = day 1).
	Check: <u>Not in place</u> if no indwelling urinary catheter was in place on the <u>Date of Event.</u>
	Note: Check "Not in place" even if a different urinary device is in place (e.g., suprapubic catheter)
	Example: A resident had an indwelling urinary (Foley) catheter in place and had documentation of new suprapubic pain on June 1st. The resident had a urine specimen collected and sent for culture June 3rd. The culture was positive for E. coli at 100,000 CFU/ml. Check <u>In place</u> as the urinary catheter status on the <u>Date of Event</u>.
	If the indwelling catheter from the above example had been removed on May 31st, check <u>Removed within last 2 calendar days</u> since the May 31st, the date of removal, is day 1 and June 1st (Date of Event) is day 2.
	If the indwelling catheter from the above example was removed on May 30th (May 30th = day 1, May 31st = day 2), then check <u>Not in place</u> since the catheter was removed > 2 calendar days prior to June 1st (Date of Event).
Site where Device Inserted (check one)	***Conditionally Required***. If an indwelling urinary catheter was in place or removed within last 2 calendar days, select one of the four options below:
	Check "Your facility" if the catheter present on the <u>Date of Event</u> was placed or changed in your LTCF;
	Check "Acute care hospital" if the catheter present on the <u>Date of Event</u> was placed in an acute care facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) *and not changed in your facility*;
	Check "Other" if the catheter present on the <u>Date of Event</u> was placed in another non-acute care facility *and not changed in your facility*;
	Check "Unknown" if it is not known where the catheter present on the <u>Date of Event</u> was inserted.
	Note: Site of device insertion corresponds to the site of insertion or replacement of the indwelling urinary catheter in place at the time of the UTI event.
Date of device insertion	*Optional*. If available, enter the date the device was placed using this format: MM/DD/YYYY.
If no indwelling urinary catheter, was another urinary device type present at the time of event onset?	***Conditionally Required.*** Select "Yes" if another urinary management device (e.g., suprapubic catheter or condom catheter) was being used; otherwise select "No"
Other urinary device type	***Conditionally Required.*** If a device other than an indwelling urinary catheter is being used, check the box that best describes the device: Suprapubic, Condom (males only), or Intermittent straight catheter

Event Details	
Signs and Symptoms	**Required**. Check all of the clinical criteria identified and documented in the resident record that were used to identify the UTI being reported. Please refer to the flow diagram in the protocol to determine which criteria are needed to qualify as a specific event type.
Laboratory and Diagnostic Testing	**Required**. Check all of the laboratory and diagnostic testing obtained and documented in the resident record that were used to confirm the UTI being reported. *A positive urine culture is required to meet criteria for UTI.* The options in this section are based on how the specimen was collected. The microorganisms must be identified to the genus and species level. If the culture reports "mixed flora" or "contamination", this would NOT meet criterion.
Secondary Bloodstream infection	*Optional*. Check Yes if resident has a microorganism reported in a urine culture and has the same microorganism reported from a blood culture. Otherwise check No.
Died within 7 days of event date:	*Optional*. Check Yes if resident died from any cause *within 7 days* after the Date of Event, otherwise check No.
Transfer to acute care facility within 7 days	**Required**. Check Yes if resident was transferred to an acute care facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) for any reason *in the 7 days* after Date of Event, otherwise check No.
Pathogens identified	**Required**. Enter Yes and specify organism name(s) and sensitivities on page 2. For SUTI with secondary BSI and ABUTI, enter **only** the matching organism(s) identified in both urine and blood cultures.
Custom fields and labels	*Optional*. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	*Optional*. Enter any information on the event.