Form Approved
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# Urinary Tract Infection (UTI) for LTCF



*required for saving

| | |
|---|---|
| *Facility ID: | Event #: |
| *Resident ID: | *Social Security #: |
| Medicare number (or comparable railroad insurance number): | |
| Resident Name, Last: First: Middle: | |
| *Gender: M F Other | *Date of Birth: ___/___/____ |
| Ethnicity (specify): | Race (specify): |

*Resident type: ☐ Short-stay ☐ Long-stay

*Date of First Admission to Facility: __/__/____ *Date of Current Admission to Facility: __/__/____

*Event Type: UTI *Date of Event: __/__/____

*Resident Care Location: _____

*Primary Resident Service Type: (check one)

☐ Long-term general nursing ☐ Long-term dementia ☐ Long-term psychiatric

☐ Skilled nursing/Short-term rehab (subacute) ☐ Ventilator ☐ Bariatric ☐ Hospice/Palliative

*Has resident been transferred from an acute care facility to your facility in the past 3 months? ☐ Yes ☐ No

If Yes, date of last transfer from acute care to your facility: __/__/____

If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? ☐ Yes ☐ No

*Indwelling Urinary Catheter status at time of event onset (check one):

☐ In place ☐ Removed within last 2 calendar days ☐ Not in place

If indwelling urinary catheter status in place or removed within last 2 calendar days:

Site where indwelling urinary catheter Inserted (check one): ☐ Your facility ☐ Acute care hospital ☐ Other ☐ Unknown

Date of indwelling urinary catheter Insertion: ___/___/_____

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? ☐ Yes ☐ No

If Yes, other device type: ☐ Suprapubic ☐ Condom (males only) ☐ Intermittent straight catheter

## Event Details

*Specify Criteria Used: (check all that apply)

### Signs & Symptoms

☐ Fever: Single temperature ≥ 37.8°C (>100°F), or > 37.2°C (>99°F) on repeated occasions, or an increase of >1.1°C (>2°F) over baseline

☐ Rigors ☐ New onset hypotension

☐ New onset confusion/functional decline

☐ Acute pain, swelling, or tenderness of the testes, epididymis, or prostate

☐ Acute dysuria ☐ Purulent drainage at catheter insertion site

### New and/or marked increase in (check all that apply):

☐ Urgency ☐ Costovertebral angle pain or tenderness

☐ Frequency ☐ Suprapubic tenderness

☐ Incontinence ☐ Visible (gross) hematuria

### Laboratory & Diagnostic Testing

☐ Specimen collected from clean catch voided urine and positive culture with ≥ $10^5$ CFU/ml of no more than 2 species of microorganisms

☐ Specimen collected from in/out straight catheter and positive culture with ≥ $10^2$ CFU/ml of any microorganisms

☐ Specimen collected from indwelling catheter and positive culture with ≥ $10^5$ CFU/ml of any microorganisms

☐ Leukocytosis (> 14,000 cells/$mm^3$), or Left shift (> 6% or 1,500 bands/$mm^3$)

☐ Positive blood culture with 1 matching organism in urine culture

*Specific Event (Check one):

☐ Symptomatic UTI (SUTI) ☐ Symptomatic CA-UTI (CA-SUTI) ☐ Asymptomatic Bacteremic UTI (ABUTI)

| | |
|---|---|
| Secondary Bloodstream Infection: Yes No | Died within 7 days of date of event: Yes No |
| *Transfer to acute care facility within 7 days: Yes No | |

*Pathogens identified: Yes No *If Yes, specify on page 2

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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| Pathogen # | Gram-positive Organisms | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| _____ | *Staphylococcus* coagulase-negative<br>(specify species if available):<br>_____ | **VANC**<br>S I R N | | | | | | |
| _____ | ____*Enterococcus faecium*<br>____*Enterococcus faecalis*<br>____*Enterococcus* spp.<br>(Only those not identified to the species level) | **DAPTO**<br>S NS N | **GENTHL**[§]<br>S R N | **LNZ**<br>S I R N | **VANC**<br>S I R N | | | |
| _____ | *Staphylococcus aureus* | **CIPRO/LEVO/MOXI**<br>S I R N | **CLIND**<br>S I R N | **DAPTO**<br>S NS N | **DOXY/MINO**<br>S I R N | **ERYTH**<br>S I R N | **GENT**<br>S I R N | **LNZ**<br>S R N |
| | | **OX/CEFOX/METH**<br>S I R N | **RIF**<br>S I R N | **TETRA**<br>S I R N | **TIG**<br>S NS N | **TMZ**<br>S I R N | **VANC**<br>S I R N | |
| **Pathogen #** | **Gram-negative Organisms** | | | | | | | |
| _____ | *Acinetobacter*<br>(specify species)<br>_____ | **AMK**<br>S I R N | **AMPSUL**<br>S I R N | **AZT**<br>S I R N | **CEFEP**<br>S I R N | **CEFTAZ**<br>S I R N | **CIPRO/LEVO**<br>S I R N | **COL/PB**<br>S I R N |
| | | **GENT**<br>S I R N | **IMI**<br>S I R N | **MERO/DORI**<br>S I R N | **PIP/PIPTAZ**<br>S I R N | **TETRA/DOXY/MINO**<br>S I R N | | |
| | | **TMZ**<br>S I R N | **TOBRA**<br>S I R N | | | | | |
| _____ | *Escherichia coli* | **AMK**<br>S I R N | **AMP**<br>S I R N | **AMPSUL/AMXCLV**<br>S I R N | **AZT**<br>S I R N | **CEFAZ**<br>S I R N | **CEFEP**<br>S I/S-DD R N | **CEFOT/CEFTRX**<br>S I R N |
| | | **CEFTAZ**<br>S I R N | **CEFUR**<br>S I R N | **CEFOX/CETET**<br>S I R N | **CIPRO/LEVO/MOXI**<br>S I R N | **COL/PB**[†]<br>S R N | | |
| | | **ERTA**<br>S I R N | **GENT**<br>S I R N | **IMI**<br>S I R N | **MERO/DORI**<br>S I R N | **PIPTAZ**<br>S I R N | **TETRA/DOXY/MINO**<br>S I R N | |
| | | **TIG**<br>S I R N | **TMZ**<br>S I R N | **TOBRA**<br>S I R N | | | | |
| _____ | *Enterobacter*<br>(specify species)<br>_____ | **AMK**<br>S I R N | **AMP**<br>S I R N | **AMPSUL/AMXCLV**<br>S I R N | **AZT**<br>S I R N | **CEFAZ**<br>S I R N | **CEFEP**<br>S I/S-DD R N | **CEFOT/CEFTRX**<br>S I R N |
| | | **CEFTAZ**<br>S I R N | **CEFUR**<br>S I R N | **CEFOX/CETET**<br>S I R N | **CIPRO/LEVO/MOXI**<br>S I R N | **COL/PB**[†]<br>S R N | | |
| | | **ERTA**<br>S I R N | **GENT**<br>S I R N | **IMI**<br>S I R N | **MERO/DORI**<br>S I R N | **PIPTAZ**<br>S I R N | **TETRA/DOXY/MINO**<br>S I R N | |
| | | **TIG**<br>S I R N | **TMZ**<br>S I R N | **TOBRA**<br>S I R N | | | | |
| _____ | ____*Klebsiella pneumonia*<br>____*Klebsiella oxytoca* | **AMK**<br>S I R N | **AMP**<br>S I R N | **AMPSUL/AMXCLV**<br>S I R N | **AZT**<br>S I R N | **CEFAZ**<br>S I R N | **CEFEP**<br>S I/S-DD R N | **CEFOT/CEFTRX**<br>S I R N |
| | | **CEFTAZ**<br>S I R N | **CEFUR**<br>S I R N | **CEFOX/CETET**<br>S I R N | **CIPRO/LEVO/MOXI**<br>S I R N | **COL/PB**[†]<br>S R N | | |
| | | **ERTA**<br>S I R N | **GENT**<br>S I R N | **IMI**<br>S I R N | **MERO/DORI**<br>S I R N | **PIPTAZ**<br>S I R N | **TETRA/DOXY/MINO**<br>S I R N | |
| | | **TIG**<br>S I R N | **TMZ**<br>S I R N | **TOBRA**<br>S I R N | | | | |

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| Pathogen # | Gram-negative Organisms (*continued*) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| _____ | *Pseudomonas aeruginosa* | **AMK** S I R N | **AZT** S I R N | **CEFEP** S I R N | **CEFTAZ** S I R N | **CIPRO/LEVO** S I R N | **COL/PB** S I R N | **GENT** S I R N | |
| | | **IMI** S I R N | **MERO/DORI** S I R N | | **PIP/PIPTAZ** S I R N | **TOBRA** S I R N | | | |
| **Pathogen #** | **Fungal Organisms** | | | | | | | | |
| _____ | *Candida* (specify species if available) _____ | **ANID** S I R N | **CASPO** S NS N | **FLUCO** S S-DD R N | **FLUCY** S I R N | **ITRA** S S-DD R N | **MICA** S NS N | **VORI** S S-DD R N | |
| **Pathogen #** | **Other Organisms** | | | | | | | | |
| _____ | Organism 1 (specify) _____ | _____ Drug 1 S I R N | _____ Drug 2 S I R N | _____ Drug 3 S I R N | _____ Drug 4 S I R N | _____ Drug 5 S I R N | _____ Drug 6 S I R N | _____ Drug 7 S I R N | _____ Drug 8 S I R N | _____ Drug 9 S I R N |
| _____ | Organism 1 (specify) _____ | _____ Drug 1 S I R N | _____ Drug 2 S I R N | _____ Drug 3 S I R N | _____ Drug 4 S I R N | _____ Drug 5 S I R N | _____ Drug 6 S I R N | _____ Drug 7 S I R N | _____ Drug 8 S I R N | _____ Drug 9 S I R N |
| _____ | Organism 1 (specify) _____ | _____ Drug 1 S I R N | _____ Drug 2 S I R N | _____ Drug 3 S I R N | _____ Drug 4 S I R N | _____ Drug 5 S I R N | _____ Drug 6 S I R N | _____ Drug 7 S I R N | _____ Drug 8 S I R N | _____ Drug 9 S I R N |

## Result Codes

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested**
**§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**
**† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

## Drug Codes:

| | | | |
|---|---|---|---|
| AMK = amikacin | CEFTRX = ceftriaxone | FLUCY = flucytosine | OX = oxacillin |
| AMP = ampicillin | CEFUR= cefuroxime | GENT = gentamicin | PB = polymyxin B |
| AMPSUL = ampicillin/sulbactam | CETET= cefotetan | GENTHL = gentamicin –high level test | PIP = piperacillin |
| AMXCLV = amoxicillin/clavulanic acid | CIPRO = ciprofloxacin | IMI = imipenem | PIPTAZ = piperacillin/tazobactam |
| ANID = anidulafungin | CLIND = clindamycin | ITRA = itraconazole | RIF = rifampin |
| AZT = aztreonam | COL = colistin | LEVO = levofloxacin | TETRA = tetracycline |
| CASPO = caspofungin | DAPTO = daptomycin | LNZ = linezolid | TIG = tigecycline |
| CEFAZ= cefazolin | DORI = doripenem | MERO = meropenem | TMZ = trimethoprim/sulfamethoxazole |
| CEFEP = cefepime | DOXY = doxycycline | METH = methicillin | TOBRA = tobramycin |
| CEFOT = cefotaxime | ERTA = ertapenem | MICA = micafungin | VANC = vancomycin |
| CEFOX= cefoxitin | ERYTH = erythromycin | MINO = minocycline | VORI = voriconazole |
| CEFTAZ = ceftazidime | FLUCO = fluconazole | MOXI = moxifloxacin | |

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# Urinary Tract Infection (UTI) for LTCF



## Custom Fields

| Label | | Label | |
|---|---|---|---|
| _____ | ____/____/____ | _____ | ____/____/_____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

## Comments