

Urinary Tract infection (UTI)

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*required for saving **required for completion

| | | | |
|--|---|--|--|
| Facility ID: | Event #: | | |
| *Patient ID: | Social Security #: | | |
| Secondary ID: | Medicare #: | | |
| Patient Name, Last: | First: | Middle: | |
| *Gender: F M Other | *Date of Birth: | | |
| Ethnicity (Specify): | Race (Specify): | | |
| *Event Type: UTI | *Date of Event: | | |
| Post-procedure UTI: Yes No | Date of Procedure: | | |
| NHSN Procedure Code: | ICD-10-PCS or CPT Procedure Code: | | |
| *MDRO Infection Surveillance: | | | |
| <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module | | | |
| *Date Admitted to Facility: | *Location: | | |
| Risk Factors | | | |
| *Urinary Catheter status: | | | |
| <input type="checkbox"/> In place – Urinary catheter in place > 2 days on the date of event <input type="checkbox"/> Removed – Urinary catheter in place > 2 days but removed the day before the date of event <input type="checkbox"/> Neither – Not catheter associated – Neither in place nor removed | | | |
| Location of Device Insertion: _____ | | Date of Device Insertion: ____ / ____ / ____ | |
| If NICU, birth weight (gms): _____ | | | |
| Event Details | | | |
| *Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Urinary System Infection (USI) | | | |
| *Specify Criteria Used: (check all that apply) | | | |
| <u>Signs & Symptoms</u> | | | |
| <u>Any Patient</u> | <u>≤ 1 year old</u> | <u>Laboratory & Diagnostic Testing</u> | |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Urgency | <input type="checkbox"/> Fever | <input type="checkbox"/> 1 positive culture with no more than 2 species of organisms, at least one of which is a bacterium of ≥ 10 ⁵ CFU/ml |
| <input type="checkbox"/> Frequency | <input type="checkbox"/> Dysuria | <input type="checkbox"/> Hypothermia | |
| <input type="checkbox"/> Pain or tenderness | <input type="checkbox"/> Abscess | <input type="checkbox"/> Apnea | <input type="checkbox"/> Organism(s) identified from fluid or tissue from affected site (excluding urine) |
| <input type="checkbox"/> Acute pain, swelling, or tenderness of testes, epididymis, or prostate | <input type="checkbox"/> Bradycardia | | <input type="checkbox"/> Organism(s) identified from blood specimen |
| <input type="checkbox"/> Suprapubic tenderness | <input type="checkbox"/> Lethargy | | <input type="checkbox"/> Imaging test evidence of infection |
| <input type="checkbox"/> Costovertebral angle pain or tenderness | <input type="checkbox"/> Vomiting | | |
| <input type="checkbox"/> Purulent drainage from affected site | | | |
| <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [‡] | | | |
| [‡] per specific site criteria | | | |
| *Secondary Bloodstream Infection: Yes No | | | |
| **Died: Yes No | UTI Contributed to Death: Yes No | | |
| Discharge Date: | *Pathogens Identified: Yes No *If Yes, specify on pages 2-4. | | |
| <small>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 20 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). CDC 57.114 (Front) Rev 11, v8.6</small> | | | |

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

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

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 | CTET= 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= ceftazidime | 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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Custom Fields

| Label | Label |
|----------------------------|----------------------------|
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Comments