

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

Data Field	Instructions for Form Completion
<b>Resident information</b>	
Facility ID	<b>Required.</b> The NHSN-assigned facility ID number will be auto populated by the system.
Event ID	<b>Required.</b> Event ID number will be auto populated by the system.
Resident ID	<b>Required.</b> 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.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	<i>Optional.</i> Enter the name of the resident (last, first, middle).
Sex	<b>Required.</b> Select F-Female, M-Male, or N-Missing <b>Note:</b> Select “N – Missing” only if a value of F or M is not available in the medical record.
Date of Birth	<b>Required.</b> Select the date of the resident’s birth using the drop-down calendar.
Ethnicity (specify)	<p><b>Required.</b> Enter the resident’s ethnicity: Hispanic or Latino; Not Hispanic or Not Latino; Declined to Respond; Unknown.</p> <p>Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. *</p> <p>The resident should always be asked to identify their race and ethnicity. If the resident is not a good historian, then check with a reliable family member.</p> <p><b>NOTE:</b> Collecting race and ethnicity is important for understanding trends and ensuring the wellbeing of racial and ethnic minority groups. However, if after all attempts it is not possible to obtain ethnicity information, the appropriate response below, may be chosen:</p> <ul style="list-style-type: none"> <li>• Declined to respond</li> <li>• Unknown</li> </ul> <p>* <a href="https://www.census.gov/topics/population/hispanic-origin/about.html">https://www.census.gov/topics/population/hispanic-origin/about.html</a></p>

Data Field	Instructions for Form Completion
Race (specify)	<p><b>Required.</b> Specify one or more of the choices below to identify the individual’s race.</p> <p><b>NOTE:</b> Collecting race and ethnicity is important for understanding trends and ensuring the wellbeing of racial and ethnic minority groups.</p> <ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Middle Eastern or North African</li> <li>• Native Hawaiian/Other Pacific Islander</li> <li>• White</li> <li>• Declined to respond</li> <li>• Unknown</li> </ul> <p>This data should be based upon the individual respondent’s self-identification with regards to race. If the resident is a poor historian, solicit information from a reliable family member.</p> <p><b>NOTE:</b> Hispanic or Latino is not a race, a person may be of any race while being Hispanic or Latino.</p>
Resident Type	<p><b>Non-editable. Auto-populated by NHSN system</b> as short stay or long-stay based on the date of first admission to the facility and the event date. Specifically, the definitions are:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Short stay:</b> Resident has been in facility for 100 or less days from date of <b>first</b> admission. In other words, if the Event Date minus the First Admission Date is less than or equal to 100; then resident type should be “SS”</li> <li><input type="checkbox"/> <b>Long stay:</b> Resident has been in facility for more than 100 days from date of <b>first</b> admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be “LS”</li> </ul> <p><b>Important:</b> Users are <b>NOT</b> permitted to edit the auto-populated resident type.</p>
Date of First Admission to Facility	<p><b>Required.</b> The date of first admission is defined as the date the resident <b>first</b> entered the facility. This date remains the same even if the resident leaves the facility (for example, transfers to another facility) for short periods of time (less than 30 consecutive days). If the resident leaves the facility and is away for 30 or more consecutive days, the date of first admission should be updated to the date of return to the facility. Select the <i>Date of First Admission</i> using the drop-down calendar.</p>

Data Field	Instructions for Form Completion
Date of Current Admission to Facility	<p><b>Required.</b> The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the data of first admission.</i> Select the date of current admission using the drop-down calendar.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• If the resident leaves the facility for more than 2 calendar days (the day the resident leaves the facility is equal to day 1) and returns, the date of current admission should be updated to the date of return to the facility.</li> <li>• If the resident has not left the facility for more than 2 calendar days, then the date of current admission should not change.</li> <li>• Date of current admission must occur BEFORE the date of event.</li> </ul> <p><i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2025, and returns on June 5, 2025, the current admission date would be 06/05/2025. One week later, the same resident goes to the ED for evaluation on June 12, 2025, and returns on June 13, 2025. The date of current admission stays 06/05/2025.</p>
<b>Event Information</b>	
Event Type	<b>Required.</b> Event type = UTI
Date of Event	<p><b>Required:</b> Enter the date when the first clinical evidence (signs or symptoms) of infection was documented <b>or</b> the date the specimen used to meet the infection criteria was collected, <i>whichever comes first.</i> <b>Note:</b> Date of event must occur AFTER the current admission date. Select the date of event using the drop-down calendar.</p> <p><i>Example:</i> 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.</p>
Resident Care Location	<b>Required.</b> Enter the location where the resident was residing on the Date of Event.
Primary Resident Service Type	<p><b>Required.</b> Check the single primary service that best represents the type of care the resident is receiving on the <u>Date of Event</u>:</p> <p>Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.</p>

Data Field	Instructions for Form Completion
Has resident been transferred from an acute care facility in the past 4 weeks?	<b>Required.</b> Select “YES” if the resident has been an <u>inpatient</u> of an acute care facility (hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) <u>and</u> was directly admitted to your facility in the past four weeks (specifically 28 days, with the day of specimen collection being day 1) prior to the current event date. Otherwise, select “NO.” <b>Note:</b> A transfer from an outpatient setting, such as an emergency department or clinic is <u>excluded</u> since these settings visits do not represent an inpatient admission.
If yes, date of last transfer from acute care to your facility?	<b>Conditionally required:</b> If the resident was transferred from acute care to your facility in the past 4 weeks, select the most recent date of transfer using the drop-down calendar.
If yes, did resident have an indwelling urinary catheter at the time of transfer to your facility?	<b>Conditionally required:</b> 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	<b>Required.</b> Select one of the three options below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Check: <u>NEITHER - Not in place if:</u> <ul style="list-style-type: none"> <li>➤ Resident has/had an indwelling urinary catheter, but it has/had not been in place for more than 2 consecutive days on the date of event</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>➤ Resident did not have an indwelling urinary catheter in place on the date of event or the calendar day before the date of event</li> </ul> <p style="margin-left: 40px;"><b>Note:</b> Check “Not in Place” even if a non-indwelling urinary device is/was in place (for example, suprapubic catheter, external collection devices)</p> </li> <li><input type="checkbox"/> Check: <u>INPLACE (In place)</u> only if an indwelling urinary catheter (also called a Foley catheter) had been in place in for more than 2 consecutive calendar days and was present for any portion of the calendar day of the date of event. <b>Note:</b> This question is not referring to how the specimen was collected.</li> <li><input type="checkbox"/> Check: <u>REMOVE - Removed within last 2 calendar days</u> if an indwelling urinary catheter that had been in place in for more than 2 consecutive calendar days was removed within the 2 calendar days prior to <u>Date of Event</u> (where date of catheter removal = day 1).</li> </ul> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>➤ A resident had an indwelling urinary (Foley) catheter in place for the past four days and had documentation of new suprapubic pain on June 1. The resident had a urine specimen collected and sent for culture June 3rd. The culture was positive for <i>E. coli</i> at 100,000 CFU/ml. Check <u>In place</u> as the urinary catheter status on the <u>Date of Event</u>.</li> </ul>

Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> <li>➤ If the indwelling catheter from the above example had been removed on May 31, check <u>Removed within last 2 calendar days</u> since the May 31, the date of removal, is day 1 and June 1 (Date of Event) is day 2.</li> <li>➤ If the indwelling catheter from the above example was removed on May 30 (May 30 = day 1, May 31 = day 2), then check <u>Not in place</u> since the catheter was removed &gt; 2 calendar days prior to June 1 (Date of Event).</li> <li>➤ A resident had an indwelling urinary (Foley) catheter placed on June 1. On June 2 she complained of new suprapubic tenderness and had new onset of hypotension without another non-infectious cause. The resident had a urine specimen collected and sent for culture June 3rd. The culture was positive for <i>E. coli</i> at 100,000 CFU/ml. Check <b>Not in Place</b> since the urinary catheter had not been in place for <b>more</b> than two consecutive calendar days on the <u>Date of Event</u>. Calendar day 1 of placement = June 1; Calendar day 2 = June 2, which was also the day of symptom onset (date of event). So, the indwelling catheter had only been in place two calendar days on the Date of Event.</li> </ul>
<p>If indwelling urinary catheter status <b>In place</b> or <b>Removed</b> within last 2 calendar days:                  Site where device inserted (check one)</p>	<p><b>Conditionally Required.</b> If an indwelling urinary catheter was in place or removed within last 2 calendar days, select one of the four options below:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check “FAC-Your facility” if the catheter present on the <u>Date of Event</u> was placed or changed in your LTCF;</li> <li><input type="checkbox"/> Check “AC-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) <i>and not changed in your facility</i>;</li> <li><input type="checkbox"/> Check “OTH-Other” if the catheter present on the <u>Date of Event</u> was placed in another non-acute care facility <i>and not changed in your facility</i>;</li> <li><input type="checkbox"/> Check “UNK-Unknown” if it is not known where the catheter present on the <u>Date of Event</u> was inserted.</li> </ul> <p><b>Note:</b> 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.</p>
<p>Date of indwelling urinary catheter insertion</p>	<p><i>Optional.</i> If available, use the calendar drop down menu to select the date the device was placed using this format. <b>Note:</b> if the resident was transferred into the facility with an indwelling urinary catheter in place, and the LTCF replaces the catheter with a new one, then the date of device insertion should represent the date the new catheter was inserted.</p>



Data Field	Instructions for Form Completion
If indwelling urinary catheter was not in place, was another urinary <b>device</b> type present at the time of event onset?	<p><b>Conditionally required.</b> Select “YES” if another urinary management device was used. Specifically, a SUPRA-Suprapubic catheter, external drainage device for males or females (for example, condom catheter), or INTER- Intermittent Straight Catheter (in and out catheter).</p> <p>Otherwise, select “NO.”</p>
If “YES,” select other device type	<p><b>Conditionally required.</b> If a device other than an indwelling urinary catheter was being used, specifically a SUPRA-Suprapubic, External Drainage, or INTER- Intermittent Straight, select the option from the drop-down menu.</p>
<p><b>Specific Criteria Used: Check all that apply</b></p>	
<p><b>Important:</b> Before submitting a UTI event to NHSN, verify that NHSN specific UTI criteria are met. Only UTIs meeting NHSN criteria will be accepted in the application. For example, the selected UTI event criteria <b>must meet the NHSN criteria</b> for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>SUTI-symptomatic UTI</b> when <i>indwelling urinary catheter status at the time of even onset</i> was answered as “NEITHER-Not in place”.</li> <li><input type="checkbox"/> <b>CA-SUTI-Catheter-associated symptomatic UTI</b> when <i>indwelling urinary catheter status at the time of even onset</i> was answered as “REMOVE- Removed within last 2 calendar days” or “INPLACE-In place”.</li> <li><input type="checkbox"/> <b>ABUTI-Asymptomatic bacteremia</b> if the resident did not have signs or symptoms of a UTI, but did have a positive urine culture with at least one matching positive blood culture <b>or</b> a fever was selected <b>and</b> <i>indwelling urinary catheter status at the time of event onset</i> was answered as “NEITHER-Not in place” (<i>note- a fever is not considered a symptom in a resident without an indwelling urinary device in place at the time of event onset</i>)</li> </ul>	
Signs and Symptoms	<p><b>Required.</b> Check <b>all</b> 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.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever: Single temperature above 100°F or repeated temperature readings (more than one reading) above 99°F or an increase of more than 2°F over the residents’ baseline temperature (temperature when resident is well). <b>Note:</b> Since fever is a non-specific symptom, if present, fever must be used to meet UTI criteria even if resident has another infection, such as pneumonia, that may be the cause of the fever.</li> <li><input type="checkbox"/> Rigors (a sudden feeling of cold with shivering accompanied by a rise in temperature).</li> <li><input type="checkbox"/> New onset of hypotension (low blood pressure) with no alternate <u>non-infectious</u> cause (for example, medication known to cause low blood pressure). <b>Note:</b> since hypotension is a non-specific symptom, it should be used to meet CA-SUTI criteria even if resident has another source of infection, such as pneumonia, that could be the cause of the hypotension.</li> <li><input type="checkbox"/> New onset of confusion or functional decline with no alternate diagnosis. <b>Note:</b> resident must also have leukocytosis to meet this criterion for CA-SUTI.</li> </ul>



Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate.</li> <li><input type="checkbox"/> Acute dysuria (painful urination).</li> <li><input type="checkbox"/> Purulent (milky, pus-like) drainage/discharge from around the catheter insertion site.</li> <li><input type="checkbox"/> New or marked increase in urinary urgency.</li> <li><input type="checkbox"/> New or marked increase in urinary frequency.</li> <li><input type="checkbox"/> New or marked increase in incontinence.</li> <li><input type="checkbox"/> New or marked increase in acute costovertebral (CV) angle pain or tenderness.  <b>Note:</b> CV angle is one of the two angles that outline a space over the kidneys; the angle is formed by the lateral and downward curve of the lowest rib and the vertical column of the spine.</li> <li><input type="checkbox"/> New or marked increase in suprapubic (lower, center part of the abdomen) tenderness.</li> <li><input type="checkbox"/> New or marked increase in visible (also referred to gross) hematuria (visible blood in the urine).</li> </ul>
Laboratory and Diagnostic Testing	<p><b>Required.</b> Check <b>all</b> the laboratory and diagnostic testing obtained and documented in the resident record that were used to confirm the UTI being reported. <b>Note:</b> A positive urine culture with at least one bacterium of <math>\geq 10^5</math> CFU/ml (<math>\geq 100,000</math> CFU/ml) is required to meet criteria for UTI.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml (<math>\geq 100,000</math> CFU/ml).</li> <li><input type="checkbox"/> Leukocytosis [defined by NHSN as <math>&gt; 10,000</math> cells/mm<sup>3</sup> or Left shift (<math>&gt; 6\%</math> or <math>1,500</math> bands/mm<sup>3</sup>)].</li> <li><input type="checkbox"/> A positive blood culture with at least one matching organism to an organism identified in the urine culture.</li> </ul> <p><b>Note:</b> The microorganisms must be identified to the genus and species level. If the culture reports “mixed flora” or “contamination”, this would <b>NOT</b> meet criterion.</p>
Specific Event	<p>NHSN will auto-populate the specific UTI Event Type based on the event information selected. If the Specific Event Type does not auto-populate, please verify that entered criteria meet one of the NHSN UTI criteria. If NHSN UTI criteria are not met, you must delete the event from NHSN, or your data will be considered as incomplete. Incomplete data will trigger Alerts on the NHSN homepage and prevent data from populating in the LTCF dashboard.</p>
Secondary bloodstream infection?	<p><i>Optional.</i> 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.”</p>
Died within 7 days of event date?	<p><i>Optional.</i> Check “YES” if resident died from any cause <i>within 7 days</i> after the <u>Date of Event</u>, otherwise check “NO.”</p>



Data Field	Instructions for Form Completion
Transfer to acute care facility within 7 days?	<b>Required.</b> 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 <i>in the 7 days</i> after <u>Date of Event</u> , otherwise check "NO."
Pathogens identified	<b>Required.</b> Enter "YES" and specify organism name(s) and sensitivities listed on the paper form. For SUTI with secondary BSI and ABUTI, enter <b>only</b> the matching organism(s) identified in <u>both</u> urine and blood cultures.
Custom fields and labels	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric or alphanumeric. <b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<i>Optional.</i> Enter any information on the event. Entered information is for facility internal use only and is not analyzed by NHSN.