NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/22
www.cdc.gov/nhsn

Urinary Tract Infection (UTI) for LTCF

*required for saving

*Facility ID:	Event #:
*Resident ID:	

Medicare number (or comparable railroad insurance number):

Resident Name, Last:	First:	Middle:

*Gender: M F Other	*Date of Birth: ___/___/_____

Ethnicity (specify): □ Hispanic or Latino □ Not Hispanic or Latino □ Declined to respond □ Unknown	Race (specify): □ American Indian/Alaska Native □ Asian □ Black or African American □ Native Hawaiian/Other Pacific Islander □ White □ Declined to respond □ Unknown

*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 4 weeks?   □ Yes   □ No

If Yes, <u>date of last transfer</u> 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

*<u>Indwelling Urinary Catheter</u> 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:

Indicate site where indwelling urinary catheter was 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

□ Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of ≥ 10^5 CFU/ml

□ Leukocytosis (>10,000 cells/mm^3), or Left shift (> 6% or 1,500 bands/mm^3)

□ Positive blood culture with at least 1 matching organism in urine culture

*Specific Event (Check one): *Auto-populated in NHSN application*

□ 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

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Pathogen #	**Gram-positive Organisms**

Pathogen #		
_____	*Staphylococcus* coagulase-negative (specify species if available):	CEFOX/OX S R N VANC S I R N

Staphylococcus coagulase-negative (specify species if available):

Antibiotic	CEFOX/OX	VANC
	S R N	S I R N

____Enterococcus faecium

____Enterococcus faecalis

____Enterococcus spp. (Only those not identified to the species level)

DAPTO	GENTHL§	LNZ	NIT	VANC
S S-DD NS R N	S R N	S I R N	S I R N	S I R N

Staphylococcus aureus

CIPRO/LEVO/MOXI	CEFOX/METH/OX	CEFTAR	CLIND	DAPTO	DOXY/MINO
S I R N	S R N	S S-DD I R	S I R N	S NS N	S I R N

GENT	LNZ	RIF	TETRA	TMZ	VANC
S I R N	S R N	S I R N	S I R N	S I R N	S I R N

Pathogen #	**Gram-negative Organisms**

Proteus mirabilis

AMP	AMOX	CEFUR	CEFTRX	CEFIX	CIPRO	LEVO	ERTA/IMI/MERO
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

Acinetobacter (specify species) _____

AMK	AMPSUL	CEFTAZ/CEFOT/CEFTRX	CEFEP	CIPRO/LEVO
S I R N	S I R N	S I R N	S I R N	S I R N

COL/PB	DORI/MERO	DOXY/ MINO	GENT	IMI	PIPTAZ	TMZ	TOBRA
S R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

Escherichia coli

AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFTAZ	CEFOT/CEFTRX
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

CEFEP	CEFTAVI	CEFUR	CEFTOTAZ	CIPRO/LEVO/MOXI	COL/PB†
S I/S-DD R N	S R N	S I R N	S I R N	S I R N	I R N

DORI / IMI / MEDRO	DOXY / MINO / TETRA	ERTA	GENT	IMIREL	MERVAB
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

NIT	PIPTAZ	TIG	TMZ	TOBRA
S I R N	S I R N	S I R N	S I R N	S I R N

Enterobacter (specify species) _____

AMK	AZT	CEFTAZ	CEFOT/CEFTRX	CEFEP	CEFTAVI	CEFTOTAZ
S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	S R N	S I R N

CIPRO/LEVO/MOXI	COL/PB†	DORI/IMI/MERO	DOXY/MINO/TETRA	ERTA
S I R N	I R N	S I R N	S I R N	S I R N

IMIREL	MERVAB	NIT	PIPTAZ	TIG	TMZ	TOBRA
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

____Klebsiella pneumonia

____Klebsiella oxytoca

____Klebsiella aerogenes

AMK	AMPSUL/AMXCLV	AZT	CEFAZ	CEFTAZ	CEFOT / CEFTRX	CEFEP
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I/S-DD R N

CEFTAVI	CEFTOTAZ	CIPRO/ LEVO/ MOXI	COL/PB†	DORI/IMI/MERO	DOXY/MINO/TETRA
S R N	S I R N	S I R N	I R N	S I R N	S I R N

GENT	IMIREL	MERVAB	NIT	PIPTAZ	TIG	TMZ	TOBRA
S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	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	CEFTAZ S I R N	CEFEP S I R N	CEFTAVI S R N	CEFTOTAZ S I R N	CIPRO/LEVO S I R N
		COL/PB S I R N	DORI/IMI/MERO S I R N		GENT S I R N	PIPTAZ S I 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 are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENTHL = gentamicin –high level test	PB = polymyxin B
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMIREL = imipenem/relebactam	RIF = rifampin
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	LEVO = levofloxacin	TETRA = tetracycline
ANID = anidulafungin	CIPRO = ciprofloxacin	LNZ = linezolid	TIG = tigecycline
AZT = aztreonam	CLIND = clindamycin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CASPO = caspofungin	COL = colistin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFAZ= cefazolin	DAPTO = daptomycin	METH = methicillin	VANC = vancomycin
CEFEP = cefepime	DORI = doripenem	MICA = micafungin	VORI = voriconazole
CEFIX = cefixime	DOXY = doxycycline	MINO = minocycline	
CEFOT = cefotaxime	ERTA = ertapenem	MOXI = moxifloxacin	
CEFOX= cefoxitin	FLUCO = fluconazole	NIT = nitrofurantoin	
CEFTAZ = ceftazidime	GENT = gentamicin	OX = oxacillin	

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Custom Fields	
Label	Label

Label

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Comments