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

<table>
<thead>
<tr>
<th>Data Field</th>
<th>Instructions for Form Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID</td>
<td>The NHSN-assigned facility ID number will be auto-entered by the system.</td>
</tr>
<tr>
<td>Event ID</td>
<td>Event ID number will be auto-entered by the system.</td>
</tr>
<tr>
<td>Resident ID</td>
<td><strong>Required.</strong> 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.</td>
</tr>
<tr>
<td>Social Security #</td>
<td><strong>Optional.</strong> Enter the resident’s 9-digit numeric Social Security Number or Tax Identification (ID) Number.</td>
</tr>
<tr>
<td>Medicare number</td>
<td><strong>Optional.</strong> Enter the resident Medicare number or comparable railroad insurance number.</td>
</tr>
<tr>
<td>Resident Name – last, first, middle</td>
<td><strong>Optional.</strong> Enter the name of the resident.</td>
</tr>
<tr>
<td>Gender</td>
<td><strong>Required.</strong> Select M (Male) or F (Female) to indicate the gender of the resident.</td>
</tr>
<tr>
<td>Date of birth</td>
<td><strong>Required.</strong> Record the date of the resident’s birth using this format: MM/DD/YYYY.</td>
</tr>
<tr>
<td>Ethnicity (specify)</td>
<td><strong>Optional.</strong> Enter the resident’s ethnicity: Hispanic or Latino; Not Hispanic or Not Latino.</td>
</tr>
<tr>
<td>Race (specify)</td>
<td><strong>Optional.</strong> Enter the resident’s race: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White</td>
</tr>
</tbody>
</table>
| Resident type               | **Required.** Select short-stay or long-stay to indicate the resident type:  
  - **Short-stay:** Resident has been in facility for 100 or less days from date of first 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”.  
  - **Long-stay:** Resident has been in facility for more than 100 days from date of first admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be “LS”. |
| 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 (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. 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 has not left, then the date of current admission will be the same as the date of first admission. Enter date using this format: MM/DD/YYYY.  
**NOTES:**  
  - 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. |
### NHSN Long-term Care Facility Component
#### UTI Event Form Instructions

**Data Field** | **Instructions for Form Completion**
--- | ---
**•** If the resident has not left the facility for more than 2 calendar days, then the date of current admission should not change.  
**•** Date of current admission must occur BEFORE the date of event

*Example:* A resident is transferred from your facility to an acute care facility on June 2, 2017 and returns on June 5, 2017, the current admission date would be 06/05/2017. One week later, the same resident goes to the ED for evaluation on June 12, 2017 and returns on June 13, 2017. The date of current admission stays 06/05/2017.

**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.* **Note:** Date of event must occur AFTER the current admission date. 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 4 weeks?** | **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 4-weeks, 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 4-weeks, enter the most recent date of transfer using format: MM/DD/YYYY.

**If yes, did 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”.
### Data Field

**Indwelling urinary catheter status at time of event onset**

**Instructions for Form Completion**

**Required.** Select one of the three options below:

- **Check:** In place 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:** Removed within last 2 calendar days if an indwelling urinary catheter was removed within the 2 calendar days prior to Date of Event (where date of catheter removal = day 1).

- **Check:** Not in place if no indwelling urinary catheter was in place on the Date of Event.  
  *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 In place as the urinary catheter status on the Date of Event.

If the indwelling catheter from the above example had been removed on May 31st, check Removed within last 2 calendar days 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 Not in place 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 Date of Event was placed or changed in your LTCF;

- **Check** “Acute care hospital” if the catheter present on the Date of Event 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 Date of Event 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 Date of Event 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.
<table>
<thead>
<tr>
<th>Data Field</th>
<th>Instructions for Form Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of device insertion</td>
<td>Optional. If available, enter the date the device was placed using this format: MM/DD/YYYY.</td>
</tr>
<tr>
<td>If no indwelling urinary catheter, was another urinary device type present at the time of event onset?</td>
<td>Conditionally Required. Select “Yes” if another urinary management device (for example, suprapubic catheter or condom catheter) was being used; otherwise, select “No”</td>
</tr>
<tr>
<td>Other urinary device type</td>
<td>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</td>
</tr>
</tbody>
</table>

### 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.

  - 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). **Note:** fever can be used to meet UTI criteria even if resident has another infection, such as pneumonia, that may be the cause of the fever.
  - Rigors (a sudden feeling of cold with shivering accompanied by a rise in temperature).
  - New onset of hypotension (low blood pressure) with no alternate non-infectious cause (for example, medication known to cause low blood pressure). **Note:** hypotension can be used to meet CA-SUTI criteria even if resident has another infection, such as pneumonia, that may be the cause of the hypotension.
  - New onset of confusion or functional decline with no alternate diagnosis. **Note:** resident must also have leukocytosis to meet this criteria for CA-SUTI.
  - Acute pain, swelling, or tenderness of the testes, epididymis, or prostate.
  - Acute dysuria (painful urination).
  - Purulent (milky, pus-like) drainage/discharge from around the catheter insertion site.
  - New or marked increase in urinary urgency.
  - New or marked increase in urinary frequency.
  - New or marked increase in incontinence.
  - New or marked increase in acute costovertebral (CV) angle pain or tenderness. **Note:** 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.
  - New or marked increase in suprapubic (lower, center part of the abdomen) tenderness.
  - New or marked increase in visible (also referred to gross) hematuria (visible blood in the urine).
<table>
<thead>
<tr>
<th>Data Field</th>
<th>Instructions for Form Completion</th>
</tr>
</thead>
</table>
| 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. **Note:** A positive urine culture with at least one bacterium is required to meet criteria for UTI.  
   □ A clean catch voided urine culture with no more than 2 species of microorganisms, at least one of which is bacterium of $\geq 10^5$ CFU/ml ($\geq 100,000$ cfu/ml).  
   □ A positive urine culture collected from a straight in/out catheter with any number of microorganisms, at least one of which is bacterium of $\geq 10^5$ CFU/ml ($\geq 100$ cfu/ml).  
   □ A positive urine culture collected from an indwelling urinary catheter, also referred to as a Foley catheter, with any number of microorganisms, at least one of which is bacterium of $\geq 10^5$ CFU/ml. **Note:** not applicable for residents without indwelling urinary device (catheter).  
   □ Leukocytosis ($> 14,000$ cells/mm$^3$) or Left shift ($> 6\%$ or $1,500$ bands/mm$^3$).  
   □ A positive blood culture with at least 1 matching organism in the urine culture.  
   **NOTE:** The urine culture 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 (MMDDYYYY), 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. This information is not analyzed. |