

2020 NHSN Urinary System Infection (USI) Checklist

Documentation Review Checklist	
USI – Urinary System Infection (kidney, ureter, bladder, urethra, or perinephric space)	
USI-Urinary System Infection	
Element	Element Met
Urinary system infections must meet at least one of the following criteria:	
1. Patient has organism(s) identified from fluid (not urine) or tissue from affected site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>
2. Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam.	<input type="checkbox"/>
3. Patient has one of the following signs or symptoms:	
• Fever (>38.0°C)	<input type="checkbox"/>
• Localized pain or tenderness*	<input type="checkbox"/>
AND at least one of the following:	
a. Purulent drainage from affected site.	<input type="checkbox"/>
b. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) AND Imaging test evidence suggestive of infection (for example, ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]), which if equivocal is supported by clinical correlation, specifically, physician documentation of antimicrobial treatment for urinary system infection.	<input type="checkbox"/>
4. Patient ≤1 year of age has at least one of the following signs or symptoms:	
• Fever (>38.0°C)	<input type="checkbox"/>
• Hypothermia (<36.0°C)	<input type="checkbox"/>
• Apnea*	<input type="checkbox"/>
• Bradycardia*	<input type="checkbox"/>
• Lethargy*	<input type="checkbox"/>
• Vomiting*	<input type="checkbox"/>
AND at least one of the following:	
a. Purulent drainage from affected site.	<input type="checkbox"/>
b. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) AND Imaging test evidence suggestive of infection (for example, ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]), which if equivocal is supported by clinical correlation, specifically, physician documentation of antimicrobial treatment for urinary system infection.	<input type="checkbox"/>
<i>*With no other recognized cause</i>	
Reporting instructions:	
<ul style="list-style-type: none"> • Report infections following circumcision in newborns as SST-CIRC. • If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported. 	

