

## 2020 NHSN Urinary Tract Infection (UTI) Checklist

Urinary Tract Infection (UTI) Summary		
Criterion	Criterion Met	Date of Event (DOE)
SUTI-1a	<input type="checkbox"/>	
SUTI-1b	<input type="checkbox"/>	
SUTI-2 Catheter Associated	<input type="checkbox"/>	
SUTI-2 Non-Catheter Associated	<input type="checkbox"/>	
ABUTI Catheter Associated	<input type="checkbox"/>	
ABUTI Non-Catheter Associated	<input type="checkbox"/>	
USI	<input type="checkbox"/>	
<p>Please refer to <a href="#">Chapter 7 Urinary Tract Infection (UTI) Event</a> of the Patient Safety Manual for additional information.</p>		

Documentation Review Checklist	
Urinary Tract Infection Symptomatic UTI (SUTI)	
SUTI 1a Catheter-associated Urinary Tract Infection (CAUTI)---Any Age	
Patient must meet 1, 2, <u>and</u> 3 below:	
Element	Element Met
1. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the date of event <b>AND</b> was either:	
• Present for any portion of the calendar day on the date of event <sup>†</sup>	<input type="checkbox"/>
<b>OR</b>	
• Removed the day before the date of event <sup>†</sup>	<input type="checkbox"/>
2. Patient has at least <b>one</b> of the following signs or symptoms:	
• Fever (>38°C): Reminder: To use fever in a patient > 65 years of age, the IUC needs to be in place for more than 2 consecutive days in an inpatient location on date of event and is either still in place OR was removed the day before the date of event.	<input type="checkbox"/>
• Suprapubic tenderness*	<input type="checkbox"/>
• Costovertebral angle pain or tenderness*	<input type="checkbox"/>
• Urinary urgency <sup>^</sup>	<input type="checkbox"/>
• Urinary frequency <sup>^</sup>	<input type="checkbox"/>
• Dysuria <sup>^</sup>	<input type="checkbox"/>
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml. All elements of the SUTI criterion must occur during the IWP (See IWP Definition <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a> ).	<input type="checkbox"/>
<b>Comments/Notes:</b>	



Documentation Review Checklist

**Urinary Tract Infection  
Symptomatic UTI (SUTI)**

**SUTI 1b Non-Catheter-associated Urinary Tract Infection (Non-CAUTI)---Any Age**

**Patient must meet 1, 2, and 3 below:**

Element	Element Met
1. One of the following is true:	
<ul style="list-style-type: none"> <li>Patient has/had an indwelling urinary catheter but it has/had not been in place for more than 2 consecutive days in an inpatient location on the date of event<sup>§</sup></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Patient did not have an indwelling urinary catheter in place on the date of event nor the day before the date of event<sup>§</sup></li> </ul>	<input type="checkbox"/>
2. Patient has at least <b>one</b> of the following signs or symptoms:	
<ul style="list-style-type: none"> <li>Fever (&gt;38°C) in a patient that is ≤ 65 years of age</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Suprapubic tenderness*</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Costovertebral angle pain or tenderness*</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Urinary urgency ^</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Urinary frequency^</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Dysuria ^</li> </ul>	<input type="checkbox"/>
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml. All elements of the SUTI criterion must occur during the IWP (See IWP Definition <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a> ).	<input type="checkbox"/>

**Apply this Reporting Guidance for SUTI 1a and SUTI 1b:**

† When entering event into NHSN choose “INPLACE” for Risk Factor for IUC

‡ When entering event into NHSN choose “REMOVE” for Risk Factor for IUC

§ When entering event into NHSN choose “NEITHER” for Risk Factor for IUC

\* With no other recognized cause

^ These symptoms cannot be used when IUC is in place. An IUC in place could cause patient complaints of “frequency” or “urgency” or “dysuria”.

**Note:**

Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.

**Comments/Notes:**

Documentation Review Checklist

**Urinary Tract Infection  
Symptomatic UTI (SUTI)**

**SUTI 2 CAUTI or Non-CAUTI in patients 1 year of age or less**

**Patient must meet 1, 2, and 3 below:**

Element	Element Met
1. Patient is ≤1 year of age (with <sup>‡</sup> or without an indwelling urinary catheter)	<input type="checkbox"/>
2. Patient has at least <b><u>one</u></b> of the following signs or symptoms:	
• Fever (>38°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"/>
• Suprapubic tenderness*	<input type="checkbox"/>
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10 <sup>5</sup> CFU/ml. All elements of the UTI criterion must occur during the IWP (See IWP Definition <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a> ).	<input type="checkbox"/>

‡ If patient had an IUC in place for more than 2 consecutive days in an inpatient location and the IUC was in place on the date of event or the previous day the CAUTI criterion is met. If no such IUC was in place, UTI (non-catheter associated) criterion is met.

\* With no other recognized cause

**Note:** Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.

**Comments/Notes:**

Documentation Review Checklist

Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Catheter associated ABUTI or Non-catheter associated ABUTI---Any Age

Patient must meet 1, 2, and 3 below:

Element	Element Met
1. Patient with* or without an indwelling urinary catheter has <u>no</u> signs or symptoms of SUTI 1 or 2 according to age ( <b>Note:</b> Patients > 65 years of age with a non-catheter-associated ABUTI <b>may</b> have a fever and still meet the ABUTI criterion)	<input type="checkbox"/>
2. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml	<input type="checkbox"/>
3. Patient has organism identified** from blood specimen with at least <b>one</b> matching bacterium to the bacterium at $\geq 100,000$ CFU/ml identified in the urine specimen, OR is eligible for LCBI criterion 2 (without fever) and matching common commensal(s) in the urine. All elements of the ABUTI criterion must occur during the IWP (See IWP Definition <a href="#">Chapter 2 Identifying HAIs for NHSN Surveillance</a> ).	<input type="checkbox"/>

\* Patient had an IUC in place for more than 2 consecutive days in an inpatient location on the date of event, and the IUC was in place on the date of event or the day before. *Catheter-associated ABUTI is reportable if CAUTI is in the facility's reporting plan for the location.*

\*\* Organisms identified 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)).

**Comments:**

“Mixed flora” is not available in the pathogen list within NSHN. Therefore, it cannot be reported as a pathogen to meet the NHSN UTI criteria. Additionally, “mixed flora” represent at least two species of organisms. Therefore, an additional organism recovered from the same culture would represent >2 species of microorganisms. Such a specimen also cannot be used to meet the UTI criteria.

The following excluded organisms cannot be used to meet the UTI definition:

- Any *Candida* species as well as a report of “yeast” that is not otherwise specified
- mold
- dimorphic fungi or
- parasites

An acceptable urine specimen may include these excluded organisms as long as one bacterium of  $\geq 10^5$  CFU/ml is also present. Additionally, these non-bacterial organisms identified from blood cannot be deemed secondary to a UTI since they are excluded as organisms in the UTI definition.

**Comments/Notes:**



## Documentation Review Checklist

## Urinary System Infection (USI)

## Urinary System Infection (USI) (kidney, ureter, bladder, urethra, or perinephric space)

Urinary System Infection must meet at least one of the following criteria:

Element	Element Met
1. Patient has organisms identified** from fluid ( <b>excluding urine</b> ) or tissue from affected site.	<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 at least <u>one</u> of the following signs or symptoms:	
• Fever (>38.0°C)	<input type="checkbox"/>
• Localized pain or tenderness*	<input type="checkbox"/>
<b>AND at least <u>one</u> of the following:</b>	
a. purulent drainage from affected site	<input type="checkbox"/>
b. organisms identified** from blood <b>AND</b> imaging test evidence 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 <b>≤1 year of age</b> has at least <u>one</u> of the following signs or symptoms:	
• Fever (>38°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"/>
<b>AND at least <u>one</u> of the following:</b>	
a. purulent drainage from affected site	<input type="checkbox"/>
b. organisms identified** from blood <b>AND</b> imaging test evidence of infection (for example, ultrasound, CT scans, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]).	<input type="checkbox"/>

\*With no other recognized cause

\*\*Organisms identified 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)).

**Notes:**

- Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from USI determination because they are clinically deemed due to another recognized cause.
- All elements of the USI criterion must occur during the IWP (See IWP Definition [Chapter 2 Identifying HAIs for NHSN Surveillance](#)).

**Reporting instructions:**

- 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.
- For NHSN reporting purposes, Urinary System Infection (USI) cannot be catheter associated, therefore, USI will only present as specific event type if urinary catheter status is marked "Neither".