

# 2026 NHSN Urinary System Infection (USI) Checklist

Documentation Review Checklist		
USI – Urinary System Infection (kidney, ureter, bladder, urethra, or perinephric space; excluding UTI)		
USI-Urinary System Infection		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4a <input type="checkbox"/> 4b		
Element	Element Met	Date
Urinary system infections must meet at least <u>one</u> of the following criteria:		
1. Patient has organism(s) identified from fluid ( <b>not urine</b> ) 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 <u>one</u> of the following signs or symptoms: <ul style="list-style-type: none"> <li>• Fever (&gt;38.0°C)</li> <li>• Localized pain or tenderness*</li> </ul>	<input type="checkbox"/>	
<b>AND</b> at least <u>one</u> 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)	<input type="checkbox"/>	
<b>AND</b> Imaging test evidence definitive for 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 or physician designee documentation of antimicrobial treatment for urinary system infection.		
4. Patient $\leq$ 1 year of age has at least <u>one</u> 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"/>	
<b>AND</b> at least <u>one</u> 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)	<input type="checkbox"/>	
<b>AND</b> Imaging test evidence definitive for 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.		
*With no other recognized cause		
<b>Reporting instruction:</b>		
<ul style="list-style-type: none"> <li>• Report infections following circumcision in newborns as SST-CIRC.</li> </ul>		