2022 NHSN Urinary System Infection (USI) Checklist

Documentation Review Checklist

USI – Urinary System Infection (kidney, ureter, bladder, urethra, or perinephric space; excluding UTI)

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<th>USI-Urinary System Infection</th>
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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).

2. Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam.

3. Patient has one of the following signs or symptoms:
   - Fever (>38.0°C)
   - Localized pain or tenderness*

   AND at least one of the following:
   a. Purulent drainage from affected site.
   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.

4. Patient ≤ 1 year of age has at least one of the following signs or symptoms:
   - Fever (>38.0°C)
   - Hypothermia (<36.0°C)
   - Apnea*
   - Bradycardia*
   - Lethargy*
   - Vomiting*

   AND at least one of the following:
   a. Purulent drainage from affected site.
   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.

*With no other recognized cause documented by physician

Reporting instruction:
- Report infections following circumcision in newborns as SST-CIRC.