

Frequently Asked Questions: Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) and Other Urinary System Infection [USI] Events

	Topic	Question	Response
1	100,000 CFU/ml included in more than 1 laboratory category	<p>My lab offers culture counts that are:</p> <ul style="list-style-type: none"> • 75k-100,000 CFU/ml • >100,000 CFU/ml <p>Can I use positive cultures reported as 75-100,000 CFU/ml to meet the UTI definition?</p>	<p>You must check with your laboratory to determine if they can identify whether at least 100,000 CFU/ml are identified in the urine culture, and if so to report it as $\geq 100,000$ CFU/ml. Some laboratories have been able to clarify this.</p> <p>If they cannot, and you cannot say for certain that a culture has at least 100,000 CFU/ml, because it is reported as 75,000-100,000 CFU/ml, do not use that culture for NHSN UTI surveillance.</p>
2	Spinal cord injury, heavily sedated, or ventilated patients	<p>My location cares for patients who may not be able to verbalize or sense suprapubic tenderness or costovertebral angle pain or tenderness, e.g., patients with spinal cord injury, heavily sedated or ventilated patients. How can I report CAUTI in these patients?</p>	<p>Surveillance criteria may not be equally sensitive for all patient populations. Patient populations in which the UTI criteria may not be as sensitive include spinal cord injury patients, those with brain injuries, and heavily sedated patients. NHSN Surveillance definitions must be constructed to balance sensitivity and specificity along with feasibility. A set of criteria that covered every subpopulation with high specificity and sensitivity would be too complicated to employ consistently across different facilities. Simply follow the criteria are written in locations in which you are performing CAUTI surveillance.</p> <p>Mechanical ventilation or sedation does not always mean that patients will not be able to verbalize pain. Physical examination should always be performed and patients assessed for non-verbal communication of pain or tenderness.</p>
3	Identifying single vs multiple UTIs	<p>Is there a time period following the identification of a UTI during which another UTI cannot be reported?</p>	<p>Yes. Please see the information on Repeat Infection Timeframe found in the chapter "Identifying Healthcare-associated Infections" in the NHSN manual.</p> <p>http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf</p>

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4	UTI Symptom: dysuria	Is urinary retention the same as dysuria?	Urinary retention is not considered the same as dysuria and cannot be used to meet the UTI definition.
5	UTI Symptoms: urinary urgency, urinary frequency and dysuria	If a patient has a history of urinary urgency, urinary frequency or dysuria can another recognized cause be determined?	No. In the presence of a positive urine culture collected as a differential diagnosis for suspicion of UTI it would be very rare that there is another associated cause for urinary urgency, urinary frequency and dysuria which are hallmark UTI symptoms.
6	Leg bags/attaching urometers	My facility changes Foley catheters from bed bags to leg bags so that our patients can attend physical therapy. Or: My ICU opens catheter systems to replace catheter bags with urometers. Should these be included in CAUTI surveillance since the system is not “closed”?	Yes. Both of these practices may increase the risk of UTI, but neither excludes the patient from CAUTI surveillance.
7	Mixed flora	If a urine culture is positive for 1 organism >100,000 CFU/ml and also for mixed flora, does this meet one of the urine culture results required for UTI?	No. Because "mixed flora"* means that at least 2 organisms are present in addition to the identified organism, such a urine culture does not meet the criteria for a positive urine culture with 2 organisms or less. Such a urine culture cannot be utilized to meet the NHSN UTI criteria. * the same is true for perineal flora, normal flora, vaginal flora

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8	ABUTI and CMS	Are asymptomatic bacteremic urinary tract infections (ABUTIs) in patients in adult and pediatric intensive care units (ICUs) or medical, surgical, or medical/surgical wards included in the reporting requirements for CMS's Hospital Inpatient Quality Reporting Program?	Only catheter-associated UTI data (both ABUTI and SUTI) are shared with CMS. Keep in mind that ABUTI may occur in patients with or without an indwelling urinary catheter. Therefore, if a patient in one of these locations has an ABUTI and an indwelling urinary catheter within the timeframe to meet the device-associated rule; this is a CAUTI and is reportable to CMS if CAUTI reporting in the location is included in your monthly reporting plan.
9	Patient reported fever	Can I use patient reported fever to meet CDC/NHSN UTI criteria for present on admission (POA)?	If the patient reports a fever > 38.0°C (or over 100.4 F), during the POA timeframe, this can be used to determine if the definition of a POA infection is met. A general report of "fever" by the patient, without an accompanying fever measurement, may not be used.
10	Number of organisms in cultures	I have a patient that had a positive urine culture with 100,000 CFU/ml of <i>E. coli</i> and then, within the repeat infection time frame (RIT), another urine culture that had greater than 100,000 CFU/ml of <i>K. pneumoniae</i> and <i>E. faecium</i> . Can either of these cultures be used to meet the UTI criteria, or because there are more than 3 organisms in the UTI RIT, would they be excluded?	More than 2 organisms in a single urine culture suggests the possibility of contamination of the specimen. The same is not true for separate urine cultures with less than 3 organisms in each. In this example the first culture would be eligible for a UTI. If no UTI was associated with that urine culture, then the second urine culture could be considered for UTI, since no previous UTI RIT was set and there were not more than 2 organisms in that urine culture.

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11	Removal and reinsertion of Foley catheter	How do I count calendar days when a Foley is removed and later reinserted?	If a Foley catheter is present for any part of a calendar day, then that day contributes to the minimum catheter day requirement for CAUTI. Once a Foley catheter is removed, if a full calendar day passes without a Foley being reinserted, if a new Foley is inserted, then the day count begins anew for urinary catheter days, with the day of insertion being day #1. Please see pages 7-2 and 7-3 of the NHSN UTI surveillance protocol for more details and examples http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTICurrent.pdf
12	Costovertebral angle (CVA) pain or tenderness	Would NHSN accept low back pain to describe costovertebral pain?	Left or right lower back or flank pain is acceptable. Generalized "low back pain" in the medical record is not to be interpreted as costovertebral pain as there can be many causes of low back pain.
13	Suprapubic tenderness	Can abdominal pain be used to meet NHSN's UTI symptom of suprapubic tenderness.	There are many causes of abdominal pain and this symptom is too generalized to meet the localized UTI symptom of suprapubic tenderness. Low abdominal pain or bladder discomfort are acceptable symptoms to meet NHSN's UTI symptom of suprapubic tenderness.