



March 31, 2026

Patient Safety Component

Let's Get Cultured: Mastering NHSN UTI Surveillance



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OBJECTIVES

Demonstrate how to perform Urinary Tract Infection (UTI) surveillance.

By the end of this lesson, participants will be able to:

- Define NHSN UTI criteria.
- Perform interactive knowledge checks.
- Understand how to report a UTI event and denominator data.
- Assess and apply UTI criteria to UTI case studies.

CURRENT CAUTI BURDEN

NHSN Progress Report¹

The CAUTI Standardized Infection Ratio (SIR) was **0.56** across general acute care hospitals in 2024.

Hospitals Reported

3,782 *general acute care hospitals reported in 2024*

Infections Reported

15,347 *Catheter-associated Urinary Tract Infections in 2024*

Changes Over Time

44% *significant decrease in SIR from 2015 national baseline to 2024 (lower SIRs are better)*

Recent Literature²

- Average incremental cost of an HAI CAUTI: **\$9,807**

¹A.R. & Patient Safety Portal Catheter-Associated Urinary Tract Infections - 2024

²Kelly T, Ai C, Jung M, Yu K. Catheter-associated urinary tract infections (CAUTIs) and non-CAUTI hospital-onset urinary tract infections: Relative burden, cost, outcomes and related hospital-onset bacteremia and fungemia infections. *Infection Control & Hospital Epidemiology*. 2024;45(7):864-871. doi:[10.1017/ice.2024.26](https://doi.org/10.1017/ice.2024.26)

RELEVANT UTI MATERIALS

NHSN CAUTI Resources

- Chapter 2
- Chapter 7 - UTI Events
- Chapter 16
- FAQ - UTI
- UTI Trainings
- HAI Checklist

Urinary Tract Infections (UTI) Events

Catheter-Associated Urinary Tract Infection (CAUTI) and Non-Catheter-Associated Urinary Tract Infection (UTI) (and Other Urinary System Infection (USI))

[Print](#)

Protocols


[Chapter 7: Urinary Tract Infection \(UTI\) Event – January 2026](#)  [PDF – 18 pages]

For full details on protocol definitions and the application of these definitions, please review the applicable protocol and **Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN**.

[2026 Patient Safety Component Summary of Updates](#)  [PDF – 285 KB]

Supporting Chapters

[Chapter 1: NHSN Overview – January 2026](#)  [PDF – 6 pages]

[Chapter 2: Identifying Healthcare-associated Infections \(HAIs\) in NHSN – January 2026](#)  [PDF – 28 pages]

[UTI Training](#)

[Educational Roadmap](#)

[CMS Requirements](#)

[HAI Checklists](#)

[FAQs](#)

[UTI Events](#)

[Analysis](#)

<https://www.cdc.gov/nhsn/psc/uti/index.html>

Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance

The purpose of Chapter 2 is to standardize the classification of an infection as present on admission (POA) or a healthcare-associated infection (HAI), using objective surveillance definitions and guidance for NHSN surveillance. The intention of this chapter is to align criteria and definitions and decrease subjectivity while maintaining epidemiologic standardization and clinical relevance. A variety of scenarios to include repeat infections of the same type, concurrent infections of differing types, and pathogen assignment in multi-pathogen infections are addressed. See [Appendix](#) Flow Diagram for NHSN Event Determination.

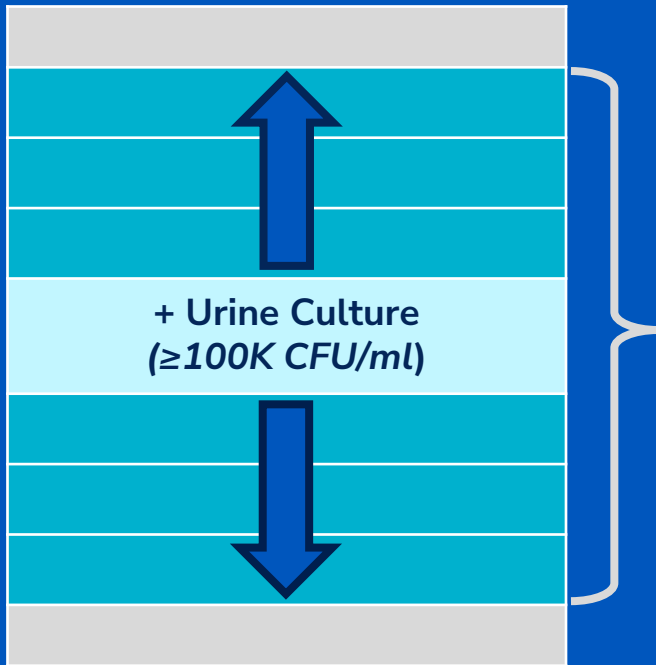
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PSC Chapter 2

Key Concepts – A Brief Overview

Infection Window Period (IWP)



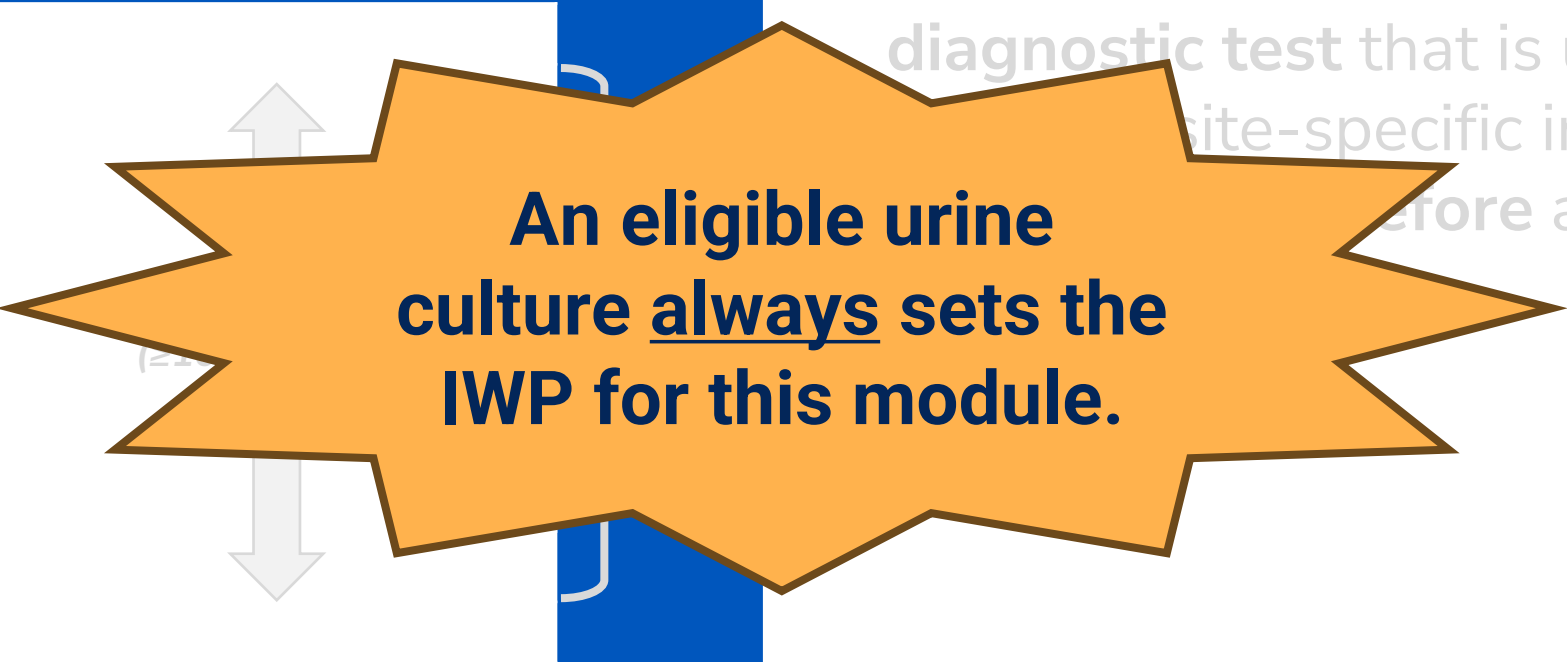
The infection window period is a **7-day timeframe** during which all site-specific infection criteria must be met.

It includes the collection date of the **first positive diagnostic test** that is used as an element to meet the site-specific infection criterion, the **3 calendar days before** and the **3 calendar days after**.

Infection Window Period (IWP)

The infection window period is a **7-day timeframe** during which all site-specific infection criteria must be met.

It includes the collection date of the **first positive diagnostic test** that is used as an element to site-specific infection criterion, the **3** before and the **3** calendar days



An eligible urine culture always sets the IWP for this module.

Date of Event (DOE)

Example #1

- The UTI DOE is the date the **first** element used to meet UTI criterion occurs for the **first** time within the 7-day IWP.
- The first element could be a positive urine culture **OR** an NHSN UTI sign/symptom.

Date	SUTI Criteria	IUC Day
2/25	Admitted to inpatient unit	--
2/26	IUC inserted	1
2/27	IUC present	2
2/28 DOE	+ Urine culture ≥100K CFU/ml <i>S. aureus</i>	3
3/1	Fever (38.2°C)	4
3/2	IUC discontinued	5

Date of Event (DOE)

Example #2

- The UTI DOE is the date the **first** element used to meet UTI criterion occurs for the **first** time within the 7-day IWP.
- The first element could be a positive urine culture **OR** an NHSN UTI sign/symptom.

Date	SUTI Criteria	IUC Day
2/25	Admitted to inpatient unit	--
2/26	IUC inserted	1
2/27 DOE	IUC present, Fever (38.2°C)	2
2/28	+ Urine culture ≥100K CFU/ml S. aureus	3
3/1	Fever (38.2°C)	4
3/2	IUC discontinued	5

Repeat Infection Timeframe (RIT)

- Defined as a **14-day timeframe** where no 'new' UTI events are reported (SUTI or ABUTI)
 - UTI DOE is Day 1
- All UTI events identified set an RIT
 - Includes non-catheter-associated events and present on admission (POA) events
- Additional urine cultures identified in the RIT with eligible pathogens that differ from original culture are added to the event
- Any 'new' UTI event captured within the RIT does not change the initial device association determination or location of attribution

Repeat Infection Timeframe (RIT)

- Defined as a **14-day timeframe** where no 'new' UTI events are reported (SUTI or ABUTI)
 - UTI DOE is Day 1
- All UTI events identified set an RIT
 - Includes non-catheter-associated events and present on admission (POA) events

**To establish a POA RIT,
the UTI event must first
fully meet NHSN criteria.**

UTI events identified in the RIT with
different organisms than those identified in the original culture are
not included in the RIT. A UTI event captured within the RIT does not
change the initial device association determination or
location of attribution

Secondary BSI Attribution Period (SBAP)

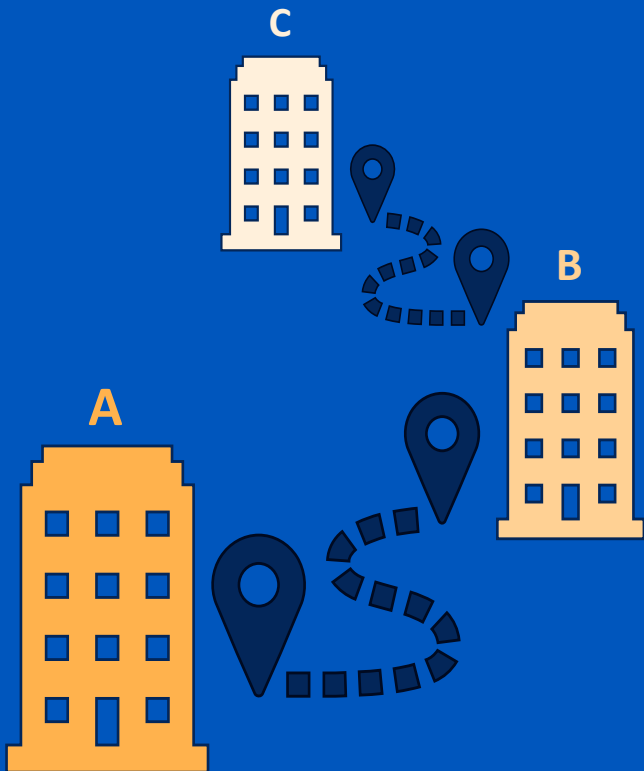
- The secondary BSI attribution period is the period in which a blood specimen must be collected for a secondary bloodstream infection to be attributed to a UTI event.
- All UTI events identified set an SBAP.
 - Includes non-catheter-associated events and present on admission (POA) events
- The SBAP includes the IWP combined with the RIT
 - 14-17 days in length depending upon the date of event



Location of Attribution (LOA)

- Location of attribution is the inpatient location where the patient was assigned on the DOE.
- Non-bedded inpatient locations, for example Operating Room or Nuclear Medicine, are not eligible for attribution for HAI events.
- LOA must be assigned to an inpatient location where denominator data (patient days, device days) are collected.

Transfer Rule



- If a UTI DOE is the date of transfer/discharge, or the next calendar day, the UTI is attributed to the transferring/discharging location or facility.
- If the patient is in multiple locations or facilities within the transfer rule time frame, attribute the UTI to the first location in which the patient was housed the day before the UTI DOE.

Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) Events

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Introduction

Catheter-associated urinary tract infections (CAUTIs) remain a significant concern in acute care hospitals and continue to represent a major source of preventable harm. In 2023, acute care hospitals reported more than 17,000 CAUTI events occurring over 23 million urinary catheter device-days¹. Virtually all healthcare-associated UTIs are caused by instrumentation of the urinary tract.

Approximately 12%-16% of adult hospital inpatients will have an indwelling urinary catheter (IUC) at some time during their hospitalization, and each day the indwelling urinary catheter remains, a patient has a 3%-7% increased risk of acquiring a catheter-associated urinary tract infection (CAUTI).²⁻³

PSC Chapter 7

Key Concepts – A Deep Dive

Urine Cultures for NHSN Surveillance

- **Eligible Urine Culture**
 - $\geq 100,000$ CFU/ml of at least one eligible organism*
 - AND
 - No more than two species of organisms
- **Urine Specimen** (UTI FAQ - [Q20](#))
 - Reminder, urine collected from ANY source, including urine collection devices, such as nephrostomy tubes, CAN be used when making a UTI determination.

**Utilize NHSN Terminology Browser to assess UTI organism eligibility [here](#).*



Important Note

A positive urine culture alone is not an NHSN UTI event.

Urine Cultures for NHSN Surveillance

- **Excluded Organisms**

- Any yeast or yeast species (including *Candida auris*), mold, dimorphic fungi, or parasites

Examples:

✓ **Eligible urine culture:** $\geq 100,000$ CFU/ml of *Escherichia coli* and 10,000 CFU/ml *Candida albicans*

✗ **Ineligible urine culture:** $\geq 100,000$ CFU/ml of *Escherichia coli*, $\geq 100,000$ CFU/ml of *Klebsiella pneumoniae*, and yeast



Important Note

Excluded organisms can be in an eligible urine culture, **IF** there is one bacterium with $\geq 100,000$ CFU/ml in addition to the excluded organism.

Urine Cultures for NHSN Surveillance

- **Colony Count Ranges** (*UTI FAQ - Q2*)
 - 50,000-100,000 CFU/ml and 75,000-100,000 CFU/ml do **NOT** meet NHSN UTI criteria.

Examples:

- ✓ **Eligible urine culture:** $\geq 100,000$ CFU/ml of *Staphylococcus aureus* and 75,000-100,000 CFU/ml of *Klebsiella aerogenes*

Does not get reported in NHSN application

- ✗ **Ineligible urine culture:** 50,000-100,000 CFU/ml of *Escherichia coli*

Urine Cultures for NHSN Surveillance

- **Mixed Flora** (*UTI FAQ - Q3*)

- Implies >2 organisms and does not meet NHSN UTI criteria

✘ **Ineligible urine culture:** > 100,000 CFU/ml of *Acinetobacter baumannii* and 10,000 CFU/ml of mixed flora

- **Morphology** (*UTI FAQ - Q4*)

- Differing morphology does **NOT** affect organism count

✔ **Eligible urine culture**

- *E. coli* #1 > 75,000 CFU/ml
- *E. coli* #2 > 50,000 CFU/ml
- *S. aureus* ≥ 100,000 CFU/ml

One Organism

Knowledge Check – Urine Culture



True or False

- The final urine culture report below is eligible for use to meet NHSN UTI criterion and sets an Infection Window Period (IWP).
 - True
 - False

Test Name	In Range	Out of Range	Reference Range
=====			
CULTURE, URINE, ROUTINE			
Micro Number:	11111		
Test Status:	Final		
Specimen Source:	Urine, clean catch		
Specimen Quality:	Adequate		
Result:	10,000-49,000 CFU/mL of Escherichia coli		

This figure contains fictitious information and was created for training purposes only.

Knowledge Check – Urine Culture



True or False

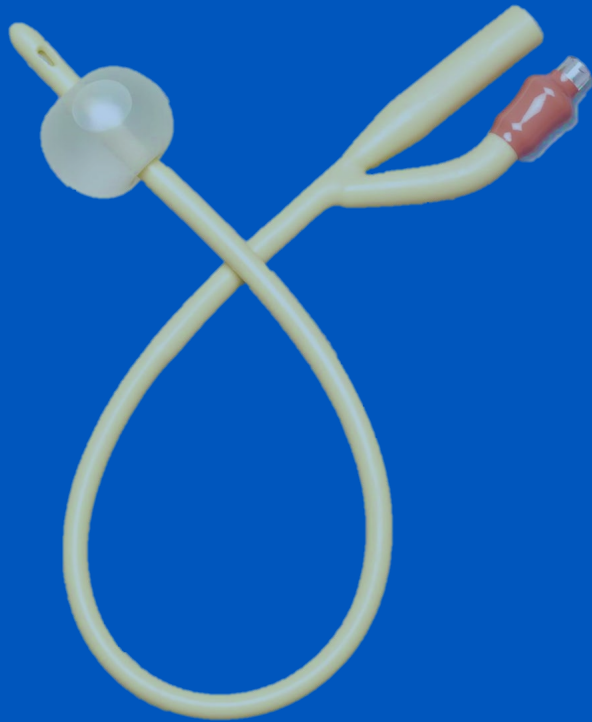
- The final urine culture report below is eligible for use to meet NHSN UTI criterion and set an IWP.
 - True
 - False

This colony count range does not meet the required $\geq 100,000$ CFU/ml threshold. Therefore, it is not eligible for use and does not set an IWP.

Test Name	In Range	Out of Range	Reference Range
=====			
CULTURE, URINE, ROUTINE			
Micro Number:	11111		
Test Status:	Final		
Specimen Source:	Urine, clean catch		
Specimen Quality:	Adequate		
Result:	10,000-49,000 CFU/mL of Escherichia coli		

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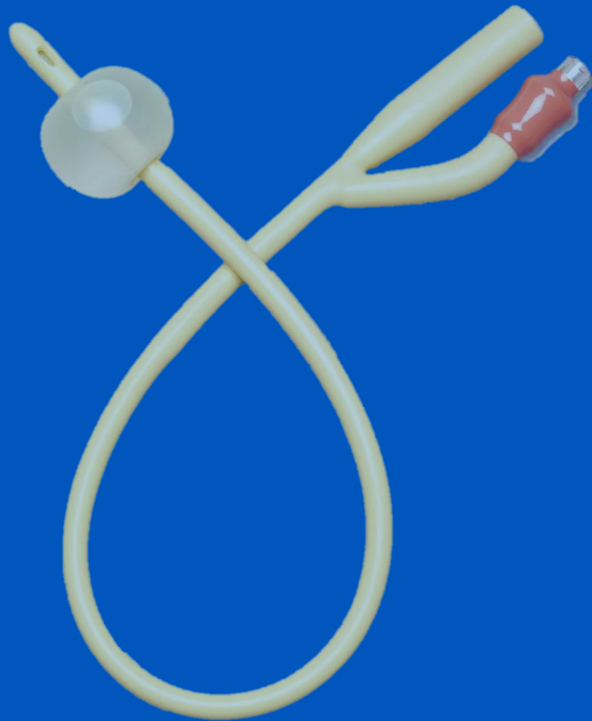
Indwelling urinary Catheter (IUC)



- An indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags).
- IUCs are also often called Foley catheters.
- IUCs used for intermittent or continuous irrigation are included in CAUTI surveillance, such as coude catheters.

PSC CHAPTER 7

Indwelling urinary Catheter (IUC), continued



- The following do **NOT** qualify as an IUC:
 - Suprapubic catheter
 - Nephrostomy tubes
 - Urostomy
 - Ileal conduit
 - Perineal urethrostomy
- If these devices are present in addition to an IUC, the eligibility of the IUC is unaffected.

Note: Again, urine collected from ANY source, including the above sites, CAN be used when making a UTI determination, see FAQ UTI – [Q20](#).

Catheter Day Count

Day of Insertion = Catheter Day 1

Guidance for IUCs that are removed and reinserted:

If, after IUC removal, the patient is **without an IUC for at least 1 full calendar day**, NOT to be read as 24 hours, then the IUC day count will **start anew**.



If instead, a new IUC is inserted **before a full calendar day has passed**, the IUC device day count, will continue **uninterrupted**.



Important Notes

- If the IUC is present at the time of admission, the date of admission = Catheter Day 1.
- An IUC that is present for any part of a calendar day counts as a device day.

Catheter Day Count

	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19
Patient A	IUC Inserted (Day 1)	IUC (Day 2)	IUC (Day 3)	IUC (Day 4)	IUC Removed (Day 5)	IUC Inserted (Day 6)	IUC (Day 7)	IUC Removed (Day 8)	No IUC
Patient B	IUC Inserted (Day 1)	IUC (Day 2)	IUC (Day 3)	IUC (Day 4)	IUC Removed (Day 5)	No IUC	IUC (Day 1)	IUC (Day 2)	IUC (Day 3)

Knowledge Check – Catheter Day Count



True or False

- In the scenario below, removing an IUC and inserting a new IUC one calendar day later will reset the catheter day count.
 - True
 - False

Example:

7/27	7/28	7/29	7/30	7/31	8/1	8/2
No IUC	IUC Inserted (Day 1)	IUC Removed (Day 2)	No IUC	IUC Inserted (Day ?)	IUC (Day ?)	IUC (Day ?)

Knowledge Check – Catheter Day Count



True or False

- In the scenario below, if a patient is without an IUC for a full calendar day later, and a new IUC one day later, is the IUC day count reset?
 - True
 - False

Since the patient is without an IUC for ONE full calendar day, NOT to be read as 24 hours, the IUC day count starts anew.

Example:

7/27	7/28	7/29	7/30	7/31	8/1	8/2
No IUC	IUC Inserted (Day 1)	IUC Removed (Day 2)	No IUC	IUC Inserted (Day 1)	IUC (Day 2)	IUC (Day 3)



NHSN UTI Definitions

SUTIs & ABUTs

Urinary Tract Infection Definitions

There are two specific types of UTI:

Symptomatic Urinary Tract Infection



SUTI

Asymptomatic Bacteremic Urinary Tract Infection



ABUTI

SUTI 1a: Catheter-associated Urinary Tract Infection (CAUTI)

Patient (any age) must meet **1, 2, and 3** below:

1. Patient had an indwelling urinary catheter that had been in place for more than 2 consecutive days in an inpatient location on the date of event **AND** was either:

- Present for any portion of the calendar day on the **date of event**,
- OR**
- Removed the day before the **date of event**

2. Patient has at least **one** of the following signs or symptoms:

- fever ($>38.0^{\circ}\text{C}$)
- suprapubic tenderness*
- costovertebral angle pain or tenderness*
- urinary urgency ^
- urinary frequency ^
- dysuria ^

***No other recognized cause**

^These symptoms cannot be used when catheter is in place

3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 100,000$ CFU/ml

All elements of the UTI criterion MUST occur within the IWP.

Knowledge Check – SUTI 1a Criterion



- Is this a CAUTI/SUTI 1a event?
 - Yes
 - No

Date	Details
9/23	Admitted, IUC inserted
9/24	IUC present
9/25	Fever (38.8°C/101.8°F) and patient report of suprapubic tenderness, IUC present
9/26	Urine culture (>100,000 CFU/ml, <i>Escherichia coli</i>), IUC present
9/27	Patient report of suprapubic tenderness, IUC present

Knowledge Check – SUTI 1a Criterion



- Is this a CAUTI/SUTI?

- Yes
- No

- Eligible urine culture
 - IWP: 9/23-9/29
- Eligible s/s within 7-day IWP
 - Fever & suprapubic tenderness
- IUC in place >2 days on the DOE

Date	Details
9/23	Admitted, IUC inserted
9/24	IUC present
9/25	Fever (38.8°C/101.8°F) and patient report of suprapubic tenderness, IUC present
9/26	Urine culture (>100,000 CFU/ml, <i>Escherichia coli</i>), IUC present
9/27	Patient report of suprapubic tenderness, IUC present

SUTI 1b: Non-Catheter-associated Urinary Tract Infection (Non-CAUTI)

Patient (any age) must meet **1, 2, and 3** below:

1. **One** of the following is true:

- Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than two consecutive days in an inpatient location on the **date of event**
OR
- Patient did not have an indwelling urinary catheter in place on the **date of event** nor the day before the **date of event**

2. Patient has at least **one** of the following signs or symptoms:

- fever ($>38.0^{\circ}\text{C}$)
- suprapubic tenderness*
- costovertebral angle pain or tenderness*
- urinary urgency ^
- urinary frequency ^
- dysuria ^

***No other recognized cause**

^These symptoms cannot be used when catheter is in place

3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 100,000$ CFU/ml

All elements of the UTI criterion MUST occur within the IWP.

Knowledge Check – SUTI 1b Criterion



- Is this a non-CAUTI/SUTI 1b event?
 - Yes
 - No

Date	Details
1/31	Admitted, IUC present on admission (IUC Day 1)
2/1	IUC exchanged
2/2	Urine culture (>100,000 CFU/ml, <i>Enterococcus faecalis</i>), IUC present
2/3	IUC removed
2/4	Patient report of dysuria and urinary urgency

Knowledge Check – SUTI 1b Criterion



- Is this a non-CAUTI/SUTI 1b event?

- Yes

- No

- Eligible urine culture
 - IWP: 1/30-2/5
- Eligible s/s within 7-day IWP
 - Dysuria and urinary urgency (IUC not present)
 - IUC in place >2 days on the DOE
 - This is a **CAUTI/SUTI 1a** event

Date	
1/31	Admitted, IUC
2/1	IUC exchanged
2/2	Urine culture (>100,000 CFU/ml, <i>Enterococcus faecalis</i>), IUC present
2/3	IUC removed
2/4	Patient report of dysuria and urinary urgency

SUTI 2: CAUTI or Non-CAUTI in Patients 1 year of age or less

Patient (≤ 1 year of age) must meet **1, 2, and 3** below:

1. Patient is ≤ 1 year of age (with or without an indwelling urinary catheter)

2. Patient has at least **one** of the following signs or symptoms:

- fever ($>38.0^{\circ}\text{C}$)
- hypothermia ($<36.0^{\circ}\text{C}$)
- apnea*
- bradycardia*
- lethargy*
- vomiting*
- suprapubic tenderness*

***No other recognized cause**

3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 100,000$ CFU/ml

All elements of the UTI criterion MUST occur within the IWP.

Knowledge Check – SUTI 2 Criterion



- Is this a SUTI 2 event?
 - Yes
 - No

Date	Details
6/12	Admitted (<i>patient 1 year old</i>)
6/13	--
6/14	Patient becomes lethargic and apneic (<i>no other recognized cause</i>)
6/15	Urine culture (>100,000 CFU/ml, <i>Proteus mirabilis</i>), patient becomes hypothermic (35.5°C/95.9°F)
6/16	Hypothermia episode continues (35.5°C/95.9°F)

Knowledge Check – SUTI 2 Criterion



- Is this a SUTI 2 event?

- Yes
- No

- Eligible urine culture
 - IWP: 6/12-6/18
- Eligible s/s within 7-day IWP
 - Lethargy, apnea, & hypothermia
- No IUC in place (non-CAUTI SUTI 2)

Date	Details
6/12	Admitted (<i>patient 1 year old</i>)
6/13	--
6/14	Patient becomes lethargic and apneic (<i>no other recognized cause</i>)
6/15	Urine culture (>100,000 CFU/ml, <i>Proteus mirabilis</i>), patient becomes hypothermic (35.5°C/95.9°F)
6/16	Hypothermia episode continues (35.5°C/95.9°F)

Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Patient (any age) must meet **1, 2, and 3** below:

1. Patient with or without an indwelling urinary catheter has **no** signs or symptoms of SUTI 1 or 2 regardless of age.
2. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of the $\geq 100,000$ CFU/ml.
3. Patient has recognized pathogen(s) identified from blood specimen with at least **one** matching bacterium to the $> 100,000$ CFU/ml bacterium identified in the urine specimen
OR
Patient is eligible to meet LCBI 2 with chills or hypotension (not fever) and common commensal(s) in the blood and urine specimens match.

All elements of the UTI criterion MUST occur within the IWP.

Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Patient (any age) must meet 1, 2, and 3 below:

1. Patient with or without an indwelling urinary catheter has no signs or symptoms of SUTI 1 or 2 regardless of a

Catheter-associated ABUTIs are reportable if CAUTI is in the facility's reporting plan for the location of interest.

OR

Patient with or without an indwelling urinary catheter has a positive blood culture (not fever) and common commensal(s) in the blood and urine specimens match.

All elements of the UTI criterion MUST occur within the IWP

Knowledge Check – ABUTI Criterion



- Is this an ABUTI event?
 - Yes
 - No

Date	Details
11/23	Admitted, IUC present on admission (IUC Day 1)
11/24	IUC present
11/25	Urine culture (>100,000 CFU/ml, <i>Escherichia coli</i>), patient report of generalized lower back pain, IUC present
11/26	Blood culture (+ <i>Escherichia coli</i>), IUC present
11/27	IUC removed

Knowledge Check – ABUTI Criterion



- Is this an ABUTI?

- Yes
- No

- Eligible urine culture
 - IWP: 11/22-11/28
- No SUTI s/s within 7-day IWP
- Organism from blood matches urine culture organism
- IUC in place >2 days on the DOE
 - This is a catheter-associated ABUTI (CA-ABUTI)

Date	
11/23	Admitted, IUC present on admission (IUC Day 1)
11/24	IUC present
11/25	Urine culture (>100,000 CFU/ml, <i>Escherichia coli</i>), patient report of generalized lower back pain , IUC present
11/26	Blood culture (+ <i>Escherichia coli</i>), IUC present
11/27	IUC removed

Not an eligible SUTI sign/symptom. Generalized 'low back pain' in the medical record is not interpreted as CVA pain or tenderness, as there can be many causes of low back pain (see next slide)

FAQs: Costovertebral Pain and Suprapubic Tenderness

<https://www.cdc.gov/nhsn/faqs/faq-uti.html>

Q13. Would NHSN accept low back pain to describe costovertebral pain?

Generalized 'low back pain' in the medical record is not interpreted as CVA pain or tenderness, as there can be many causes of low back pain. **Left, right, or bilateral lower back or flank pain (left, right, or bilateral) is acceptable to describe costovertebral pain.**

Q14. Can abdominal pain be used to meet NHSN's UTI symptom of suprapubic tenderness?

Pain documented as 'abdominal pain' in the medical record is too general and not to be interpreted as suprapubic tenderness as there are many causes of abdominal pain. **Lower abdominal pain, (left/right or bilateral) or bladder or pelvic pain or discomfort are acceptable documentation to meet NHSN's UTI symptom of suprapubic tenderness.**

FAQs: No Other Recognized Cause

Q14. To exclude using “*with no other recognized cause*,” it should be clear that the symptom of interest relates to another cause and is **clearly differentiated** from a UTI symptom.

Ideally, clinical decisions related to exclusion of suprapubic tenderness or costovertebral angle pain or tenderness, should be made by a physician and/or their designee within your organization who has access to a patient’s entire medical record and clinical picture.

UTI signs or symptoms that are not eligible for “*with no other recognized cause*” include:

Fever

Hypothermia

Dysuria

Urinary
Urgency

Urinary
Frequency



UTI Event Reporting

NHSN Application & Denominator Data

The NHSN Application

UTI Event Reporting

Urinary Tract Infection (UTI) Event Form & Table of Instructions (TOI)

- UTI form (57.114) [here](#)
- Table of Instructions [here](#)

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

UTI Event

[Urinary Tract infection \(UTI\) form \(57.114\)](#)  [PDF – 180 KB]

◦ [Customizable form](#)  [DOC – 60 KB]

◦ [Table of Instructions](#)  [PDF – 6 pages]

The NHSN Application

UTI Event Reporting

- To report event data for this module, 'CAUTI' must be selected in your Monthly Reporting Plan.
- UTI events can be an be reported manually OR via CDA.

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *:

Month *:

Year *:

No NHSN Patient Safety Modules Followed this Month

Section 1: Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	PedVAP	PedVAE
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The NHSN Application

Risk Factors

The screenshot shows the 'Risk Factors' section of the NHSN application. It features a form with several fields and callouts:


- Required (see guidance below):** A callout pointing to the 'Neurogenic Bladder due to a Spinal Cord Injury *' field, which is a dropdown menu.
- Conditionally Required: Enter one ICD-10-CM diagnosis code that indicates a diagnosis of spinal cord injury (SCI):** A callout pointing to the 'Spinal Cord Injury' field, which is a dropdown menu.
- Conditionally Required: Enter one ICD-10-CM diagnosis code that indicates a diagnosis of neurogenic bladder (NB):** A callout pointing to the 'Neurogenic Bladder' field, which is a dropdown menu.

- The SCI-NB risk factor field (Y/N) is **required** for reporting in 2026.
- Please note that this is **not currently an exclusion** and does not impact CAUTI determinations or NHSN analytics.
 - Chapter 7 UTI definitions must be applied as currently written.
 - If SCI-NB diagnostic codes are documented in the patient's medical record and align with the NHSN-provided list (see [here](#)), they are eligible for use.

Summary Denominator Data

Manual Collection

- Collect the number of patients on the inpatient unit **AND** the number patients with an indwelling urinary catheter (IUC).

 **NHSN**
NATIONAL HEALTHCARE
SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU or SCA)

Page 1 of 1

*required for saving
Facility ID: *Location Code: *Month: *Year:

Date	*Number of Patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of total patients on a ventilator	Number of patients on APRV	Number of Episodes of Mechanical Ventilation
1						
2						
3						
4						



Important Note

This must be completed for **all locations**, and the count must be performed at the **same time each day**.

Summary Denominator Data

Reporting in NHSN

- Patient days and urinary catheter days should be reported monthly and by individual unit.
- If no UTI events occurred for a month, check the “Report No Events” box.

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: DHQP Memorial Hospital (ID 10000) ▾

Location Code *: MSICU - MEDICAL SURGICAL ICU ▾

Month *: January ▾

Year *: 2026 ▾

Denominator Data		Report No Events
Total Patient Days:	100	
Central Line Days:		CLABSI: <input type="checkbox"/>
Urinary Catheter Days:	12	CAUTI: <input checked="" type="checkbox"/>
Ventilator Days:		VAE: <input type="checkbox"/> PedVAE: <input type="checkbox"/> PedVAP: <input type="checkbox"/>
APRV Days:		
Episodes of Mechanical Ventilation:		

Sample Values For Estimating Denominator Data		
		Check Sampl
Sample Patient Days:		
Sample Central Line Days:		
Sample Urinary Catheter Days:		

This figure contains fictitious information and was created for training purposes only.



Important Note

This must be completed for **each** unit.



UTI Case Studies

Investigating a Positive Urine Culture



Steps to Investigate a Positive Urine Culture

1 ASSESS ELIGIBILITY OF A POSITIVE URINE CULTURE

Is this an eligible urine culture (at least one eligible organism > 100K CFU/ml and no more than two organisms)?

- If yes, continue reviewing the potential event.
- If no, **STOP** (cannot have a UTI event without an eligible urine culture).

SET THE 7-DAY INFECTION WINDOW PERIOD (IWP)

2 An eligible urine culture **always** sets the IWP for the UTI module. This timeframe includes the 3 days before the urine culture, the day of the urine culture and 3 days after the urine culture for a total of 7 days.

LOCATE THE FIRST ELEMENT USED TO MEET SITE-SPECIFIC INFECTION CRITERION WITHIN THE IWP

3 Are all the UTI criteria met during the IWP?

- If yes, there is a UTI event.
- If no, there is no event.

4 IDENTIFY THE DATE OF EVENT (DOE)

The date that the first element occurs for the first time within the IWP. The first element could be a positive urine culture **OR** an NHSN UTI sign/symptom.

5 ESTABLISH IF PRESENT ON ADMISSION (POA) OR A HEALTHCARE-ASSOCIATED INFECTION (HAI)

- **POA:** The DOE is found to be the date of admission to an inpatient location, the 2 days before admission, or the calendar day after admission.
- **HAI:** The DOE occurred on or after hospital day 3.

6 ASSOCIATE CATHETER USE TO UTI EVENT

- **CAUTI/CA-ABUTI:** IUC in place for > 2 consecutive days in an inpatient location on the DOE or removed the day before the DOE.
- **Non-CAUTI/CA-ABUTI:** IUC present, but **NOT** in place for > 2 consecutive days in an inpatient location or the patient **DID NOT** have an IUC in place on the date of event nor the day before the date of event.

NHSN

Urinary Tract Infections (UTI) Events Module

2026 ANNUAL TRAINING HANDOUT
Steps to Investigate a Positive Urine Culture



7 SET A REPEAT INFECTION TIMEFRAME (RIT) AND SECONDARY BSI ATTRIBUTION PERIOD (SBAP)

- **RIT:** 14-day timeframe where no 'new' UTI events are reported (SUTI or ABUTI). The DOE is Day 1 of the RIT. Please note, a urine culture alone does not set an RIT. NHSN criterion must be fully met.
- **SBAP:** The 14–17-day timeframe in which a blood specimen must be collected for a secondary BSI to be attributed to a UTI event. The SBAP includes the IWP combined with the RIT.

Case Study 1

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Details
3/28	Patient in ED. C/o fever (39.0°C/102.2°F) at home yesterday on 3/27.
3/29	Admitted to inpatient unit. Foley catheter placed due to urinary retention. No fever recorded.
3/30	Urine collection bag changed to leg bag for PT.
3/31	Urine culture collected. ➤ Urine Culture Results: >100,000 CFU/ml, Klebsiella pneumoniae, and yeast.
4/1	Blood culture collected. ➤ Blood Culture Result: (+) Klebsiella pneumoniae
4/2	

Case Study 1

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Details
3/28	Patient in ED. C/o fever (39.0°C/102.2°F) at home yesterday on 3/27.
3/29	Admitted to inpatient unit. Foley catheter placed due to urinary retention. No fever recorded.
3/30	Urine collection bag changed to leg bag for PT.
3/31	Urine culture collected. <ul style="list-style-type: none">➤ Urine Culture Results: >100,000 CFU/ml, Klebsiella pneumoniae, and yeast.
4/1	Blood culture collected. <ul style="list-style-type: none">➤ Blood Culture Result: (+) Klebsiella pneumoniae
4/2	



Case Study 1 – Rationale

Date	Details
3/28	Patient in ED. C/o fever (39.0°C/102.2°F) at home yesterday on 3/27.
3/29	Admitted to inpatient hospital. ² Although patient self-reported fever with value is eligible for use, it occurred outside of the IWP on 3/27.
3/30	Urine collection bag changed to leg bag for PT.
3/31	Urine culture collected. ➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i> , and yeast.
4/1	Blood culture collected. ¹ This culture is eligible for use and sets an IWP, 3/28-4/3. This is also the date of event (3/31). ➤ Blood Culture Results: (+) <i>Klebsiella pneumoniae</i>
4/2	



Case Study 1 – Rationale

Date	Details
3/28	Patient in ED. C/o fever (39.0°C/102.2°F) at home yesterday on 3/27.
3/29	Admitted to inpatient unit. Foley catheter placed due to urinary retention. No fever recorded.
3/30	Urine collection bag changed to leg bag for PT.
3/31	Urine culture collected. ➤ Urine Culture Results: >100,000 CFU/mL of <i>Klebsiella pneumoniae</i> , and ye
4/1	Blood culture collected. ➤ Blood Culture Result: (+) <i>Klebsiella pneumoniae</i>
4/2	

Blood culture with matching organism to the urine culture within the IWP



Case Study 1 – Rationale

Date	Details
3/28	
3/29	<ul style="list-style-type: none">• The UC sets the IWP. Although patient self-reported fever (with eligible value) is used to meet surveillance definitions, here fever is reported to have occurred outside of the IWP.
3/30	<ul style="list-style-type: none">• Urinary retention is not a symptom eligible for use to meet symptomatic UTI definitions.
3/31	<ul style="list-style-type: none">• Urine collection bag changed to leg bag for PT doesn't exclude this event from reporting.
4/1	<ul style="list-style-type: none">• No eligible symptoms are reported during the IWP.
4/2	



Case Study 1 – Rationale

Date	Details
3/5	<ul style="list-style-type: none">• The date of event is Hospital Day 3, which makes this a Healthcare-associated Infection (HAI).• Since the patient had an IUC in place for >2 consecutive days in an inpatient location on the DOE, this is a catheter-associated ABUTI (CA-ABUTI). <p><i>Note: Catheter-associated ABUTIs are reportable if CAUTI is in your facility's reporting plan for the location of interest, see NHSN UTI FAQ – Q16.</i></p>
4/2	

Case Study 1 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
3/28		HD -1: POA	--				
3/29		HD 1: POA	1				
3/30		HD 2: POA	2				
3/31 DOE		HD 3: HAI	3		Urine Culture >100,000 CFU/ml, Klebsiella pneumoniae, and yeast		
4/1		HD 4: HAI	4		Blood Culture (+) <i>Klebsiella pneumoniae</i>		
4/2		HD 5: HAI	5				
4/3		HD 6: HAI	6				
4/4		HD 7: HAI	7				
4/5		HD 8: HAI	8				
4/6		HD 9: HAI	9				
4/7		HD 10: HAI	10				
4/8		HD 11: HAI	11				
4/9		HD 12: HAI	12				
4/10		HD 13: HAI	13				
4/11		HD 14: HAI	14				
4/12		HD 15: HAI	15				
4/13		HD 16: HAI	16				60

Case Study 2

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
6/23	Patient admitted after a fall from a great height. They suffered a traumatic spinal cord injury (SCI). Foley catheter placed due to their inability to void. Diagnosed with neurogenic bladder, a condition where there is dysfunction or damage to the nerves that control the bladder as a result of a SCI.
6/24	Foley catheter replaced.
6/25	Patient report of abdominal discomfort. Fever measured orally (38.1°C/100.6°F).
6/26	Foley catheter replaced and patient is started on IV antibiotic therapy. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecalis</i>
6/27	
6/28	After 48 hours of IV antibiotic therapy, the patient's fever began to subside, and their abdominal pain improved.



Case Study 2

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Details
6/23	Patient admitted after a fall from a great height. They suffered a traumatic spinal cord injury (SCI). Foley catheter placed due to their inability to void. Diagnosed with neurogenic bladder, a condition where there is dysfunction or damage to the nerves that control the bladder as a result of a SCI.
6/24	Foley catheter replaced.
6/25	Patient report of abdominal discomfort. Fever measured orally (38.1°C/100.6°F).
6/26	Foley catheter replaced and patient is started on IV antibiotic therapy. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecalis</i>
6/27	
6/28	After 48 hours of IV antibiotic therapy, the patient's fever began to subside, and their abdominal pain improved.



Case Study 2 – Rationale

Date	
6/23	<p>(S bl bla</p>
6/24	Foley cathet
6/25	Patient report of abdominal discomfort. Fever measured orally (38.1°C/100.6°F).
6/26	Foley catheter replaced and patient is started on IV antibiotic therapy. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecalis</i>
6/27	
6/28	therapy, the patient's fever began to subside, and their abdominal pain improved.

2

The measured fever is eligible for use as it is >38.0°C (100.4°F). It is also the first element captured within the IWP, setting the DOE as 6/25.

- *Note: Generalized “abdominal pain” in the medical record is too general and not to be interpreted as suprapubic tenderness as there are many causes of abdominal pain.*

1

This culture is eligible for use and sets an IWP, 6/23-6/29.



Case Study 2 – Rationale

Date	Details
6/23	Patient admitted after a fall from a great height. They suffered a traumatic spinal cord injury (SCI). Foley catheter placed due to their inability to void. Diagnosed with neurogenic bladder, a condition where there is dysfunction or damage to the nerves that control the bladder as a result of a SCI.
6/24	Foley catheter replaced.
6/25	After review of the patient's chart the following ICD-10-CM diagnosis codes were identified and cross checked with the NHSN eligible code list:
6/26	<ul style="list-style-type: none">• Spinal Cord Injury (SCI): S34.109A Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
6/27	<ul style="list-style-type: none">• Neurogenic Bladder (NB): N31.9 Neuromuscular dysfunction of bladder, unspecified
6/28	their



Case Study 2 – Rationale

Date	Details
	<ul style="list-style-type: none">• The date of event is Hospital Day 3, which makes this a Healthcare-associated Infection (HAI).• Since the patient had an IUC in place for >2 consecutive days in an inpatient location on the DOE, this is a CAUTI meeting SUTI 1a criterion.• The RIT is 6/25-7/8 and the SBAP is 6/23-7/8. <p><i>Note: This event would be reported within the NHSN application and under 'Risk Factors', the 'Neurogenic Bladder due to a Spinal Cord Injury' field would be completed with 'Y'.</i></p>

Case Study 2 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
6/23		HD 1: POA	1				
6/24		HD 2: POA	2				
6/25 (DOE)		HD 3: HAI	3	Fever (38.1°C/100.6°F)			
6/26		HD 4: HAI	4		+Urine Culture >100,000 CFU/ml, <i>Enterococcus faecalis</i>		
6/27		HD 5: HAI	5				
6/28		HD 6: HAI	6				
6/29		HD 7: HAI	7				
6/30		HD 8: HAI	8				
7/1		HD 9: HAI	9				
7/2		HD 10: HAI	10				
7/3		HD 11: HAI	11				
7/4		HD 12: HAI	12				
7/5		HD 13: HAI	13				
7/6		HD 14: HAI	14				
7/7		HD 15: HAI	15				
7/8		HD 16: HAI	16				

Case Study 3

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Details
3/28	Patient admitted to the Neurology Unit after experiencing a severe stroke. An indwelling urinary catheter (IUC) and a nephrostomy tube (left) are in place on admission due to prior urinary obstruction.
3/29	Patient has a central venous catheter (CVC) placed for medication administration and fluid management. IUC removed.
3/30	
3/31	Peripheral blood cultures ordered and new IUC placed. <ul style="list-style-type: none">➤ Blood Culture Result:<ul style="list-style-type: none">(+) <i>Escherichia coli</i>(+) <i>Vancomycin-resistant Enterococcus (VRE)</i>
4/1	Fever (38.0°C/100.4°F). Urine culture collected from the nephrostomy. <ul style="list-style-type: none">➤ Urine Culture Result:<ul style="list-style-type: none">>100,000 CFU/ml, <i>Escherichia coli</i>
4/2	

Case Study 3

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Details
3/28	Patient admitted to the Neurology Unit after experiencing a severe stroke. An indwelling urinary catheter (IUC) and a nephrostomy tube (left) are in place on admission due to prior urinary obstruction.
3/29	Patient has a central venous catheter (CVC) placed for medication administration and fluid management. IUC removed.
3/30	
3/31	Peripheral blood cultures ordered and new IUC placed. <ul style="list-style-type: none">➤ Blood Culture Result:<ul style="list-style-type: none">(+) <i>Escherichia coli</i>(+) <i>Vancomycin-resistant Enterococcus (VRE)</i>
4/1	Fever (38.0°C/100.4°F). Urine culture collected from the nephrostomy. <ul style="list-style-type: none">➤ Urine Culture Result:<ul style="list-style-type: none">>100,000 CFU/ml, <i>Escherichia coli</i>
4/2	



Case Study 3 – Rationale

Date	Details
3/28	Patient admitted to the Neurology Unit after experiencing a severe stroke. An indwelling urinary catheter (IUC) and a nephrostomy tube (left) are in place on admission due to prior urinary obstruction.
3/29	Patient has a central venous catheter (CVC) placed for medication administration and fluid management. IUC removed.
3/30	
3/31	Perioperative <div data-bbox="486 725 2397 1086" style="border: 2px solid black; border-radius: 15px; background-color: #f9a825; padding: 10px; margin: 10px 0;"><p>The urine culture is eligible for use and sets an IWP, 3/29-4/4.</p><ul style="list-style-type: none"><i>Note: The UTI event module does not differentiate where a urine specimen must be collected from. Any urine specimen submitted for culture is eligible for review to see if that urine specimen meets NHSN UTI criteria, see NHSN UTI FAQ – Q20.</i></div>
4/1	Fever (38.0°C/100.4°F). Urine culture collected from the nephrostomy tube. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Escherichia coli</i>



Case Study 3 – Rationale

Date	Details
3/28	Patient admitted to the hospital with urinary catheter (IUC) and a urinary obstruction. 3 This culture is also the first element captured within the IWP, setting the DOE as 3/31.
3/29	Patient management. 2 Given that the blood culture collected on 3/31 falls within the 7-day IWP, the patient meets Asymptomatic Bacteremic Urinary Tract Infection (ABUTI) criterion with <i>E. coli</i> as the matching bacterium.
3/30	
3/31	Peripheral blood cultures ordered and new IUC placed. ➤ Blood Culture Result: (+) <i>Escherichia coli</i> (+) Vancomycin-resistant <i>Enterococcus</i> (VRE)
4/1	Fever (38.0°C/100.4°F). ➤ Urine Culture Result: >1 1 This fever is not eligible for use. Must be >38.0°C (>100.4°F).



Case Study 3 – Rationale

Date	Details
3/28	...lling ...rior
3/29	...uid
3/30	
3/31	
4/1	Fever (38.0°C/100.4°F). Urine culture collected from a nephrostomy. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Escherichia coli</i>

- Since VRE was isolated from the same blood specimen as the organism matching the urine culture (*E. coli*), you can add it to the ABUTI event as a secondary BSI and it would not be eligible for CLABSI consideration.
- The non-matching organism is only “scooped up” when there is a matching organism in the same blood specimen.
- If there are subsequent blood cultures with only the non-matching organism, you must assess the blood cultures for LCBI criteria.



Case Study 3 – Rationale

Date	Details
3/2	<ul style="list-style-type: none">• The date of event is after Hospital Day 3, which makes this a Healthcare-associated Infection (HAI).
3/2	<ul style="list-style-type: none">• Since the patient had an indwelling urinary catheter (IUC) in place for <2 days in an inpatient location on the DOE this would be a non-catheter-associated ABUTI.
3/3	<ul style="list-style-type: none">• The RIT is 3/31-4/13 and the SBAP is 3/29-4/13
3/3	<p>Note: Only Catheter-associated ABUTIs are reportable if CAUTI is in your facility's reporting plan for the location of interest, see NHSN UTI FAQ – Q16.</p>
4/1	<p>Fever (38.0°C/100.4°F). Urine culture collected from a nephrostomy.</p> <ul style="list-style-type: none">➤ Urine Culture Result: >100,000 CFU/ml, <i>Escherichia coli</i>

Case Study 3 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
3/28		HD 1: POA	1				
3/29		HD 2: POA	2				
3/30		HD 3: HAI	--				
3/31 (DOE)		HD 4: HAI	1		Blood Cultures (+) <i>Escherichia coli</i> (+) <i>Vancomycin-resistant Enterococcus (VRE)</i>		
4/1		HD 5: HAI	2		Urine Culture >100,000 CFU/mL, <i>Escherichia coli</i>		
4/2		HD 6: HAI	3				
4/3		HD 7: HAI	4				
4/4		HD 8: HAI	5				
4/5		HD 9: HAI	6				
4/6		HD 10: HAI	7				
4/7		HD 11: HAI	8				
4/8		HD 12: HAI	9				
4/9		HD 13: HAI	10				
4/10		HD 14: HAI	11				
4/11		HD 15: HAI	12				
4/12		HD 16: HAI	13				
4/13		HD 17: HAI	14				

Case Study 4

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
2/28	Admitted with a chronic foley. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterobacter cloacae</i>
3/1	Temperature measured (36.6°C/97.8°F)
3/2	Temperature measured (38.5°C/101.3°F)
3/3	Temperature measured (38.6°C/101.5°F)
3/4	Urine culture collected. Hospitalist is expecting culture to be abnormal. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecium</i> , 10,000 CFU/ml <i>Candida albicans</i>
3/5	Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan.



Case Study 4

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
2/28	Admitted with a chronic foley. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterobacter cloacae</i>
3/1	Temperature measured (36.6°C/97.8°F)
3/2	Temperature measured (38.5°C/101.3°F)
3/3	Temperature measured (38.6°C/101.5°F)
3/4	Urine culture collected. Hospitalist is expecting culture to be abnormal. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecium</i> , 10,000 CFU/ml <i>Candida albicans</i>
3/5	Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan.





Case Study 4 – Rationale

Date	Details
2/28	Admitted with a chronic foley. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterobacter cloacae</i>
3/1	Temperature measured (38.0°C/97.8°F)
3/2	Temperature measured (38.0°C/97.8°F)
3/3	Temperature measured (40°C/101.5°F)
3/4	Urine culture collected. Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan. ➤ Urine Culture Result: >10 ⁶ CFU/ml, <i>Candida albicans</i>
3/5	Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan.

1 This culture is eligible for use and sets an IWP, 2/26-3/3.
• *Note: The IWP is shorted as it cannot extend past the POA timeframe (i.e. 2 days before inpatient admission).*

2 This culture is also the first element captured within the IWP, setting the DOE as 2/28.



Case Study 4 – Rationale

Date	Details
2/28	Admitted with a chronic foley. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterobacter cloacae</i>
3/1	Temperature measured (0°C/97.8°F)
3/2	Temperature measured (38.5°C/101.3°F)
3/3	3 The measured fever is eligible for use as it is >38.0°C (>100.4°F).
3/4	Urine culture collected. Hospitalist is expecting culture to be abnormal. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecium</i> , 10,000 CFU/ml <i>Candida albicans</i>
3/5	Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan.



Case Study 4 – Rationale

- The date of event is before Hospital Day 3, which makes this a Present on Admission (POA) infection.
- Since the patient did not have an IUC in place for >2 consecutive days in an inpatient location on the DOE, this is a non-CAUTI meeting SUTI 1b criterion.
- The POA RIT is 2/28-3/13 and the SBAP is 2/26-3/13.

Note: Only NHSN SUTI1a/CAUTI events are required to be reported by CMS. However, be sure to check your state or local requirements as they may require all UTIs be reported to NHSN. Reporting requirements vary from state-to-state.

3/5

Hospitalist documents that the patient is not on antibiotics as per Infectious Disease recommendations. Patient to continue

What about the second urine culture?



Case Study 4 – Rationale

Date	
2/28	Admitted
3/1	Temperature
3/2	Temperature
3/3	Temperature measurement (101.5 F)
3/4	Urine culture collected. Hospitalist is expecting culture to be abnormal. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Enterococcus faecium</i> , 10,000 CFU/ml <i>Candida albicans</i>
3/5	Hospitalist documents that the patient is now off antibiotics as per Infectious Disease recommendations. Patient to continue Diflucan.

This culture is captured within the POA RIT set by the 2/28 urine culture and there is no new UTI event to report.

Important Notes:

- *Enterococcus faecium* is added to the to the SUTI 1b event and will be entered within the NHSN application.
- Any yeast or yeast species, including *Candida*, are excluded organisms for all UTI criterion.
- Clinical impression doesn't override surveillance criteria, see NHSN Misc. FAQ – Q4.

4

Case Study 4 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
2/26		HD -2: POA	--				
2/27		HD -1: POA	--				
2/28 (DOE)		HD 1: POA	1		Urine Culture >100,000 CFU/ml, <i>Enterobacter cloacae</i>		
3/1		HD 2: POA	2				
3/2		HD 3: HAI	3	Fever (38.5°C/101.3°F)			
3/3		HD 4: HAI	4	Fever (38.6°C/101.5°F)			
3/4		HD 5: HAI	5		Urine Culture >100,000 CFU/ml, <i>Enterococcus faecium</i> , 10,000 CFU/ml <i>Candida albicans</i>		
3/5		HD 6: HAI	6				
3/6		HD 7: HAI	7				
3/7		HD 8: HAI	8				
3/8		HD 9: HAI	9				
3/9		HD 10: HAI	10				
3/10		HD 11: HAI	11				
3/11		HD 12: HAI	12				
3/12		HD 13: HAI	13				
3/13		HD 14: HAI	14				

Case Study 5

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
11/18	Patient was transported from a skilled nursing facility to the emergency department after experiencing lightheadedness and a fall. Chief complaint is lower back pain for the past hour.
11/19	Bladder scan completed, IUC placed to address concerns of urinary retention.
11/20	Admitted from the ED for observation. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Staphylococcus epidermidis</i>
11/21	
11/22	Lower back pain has subsided, and patient is cleared by care team of any fall-related injuries.
11/23	Patient is discharged back to their skilled nursing facility.



Case Study 5

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
11/18	Patient was transported from a skilled nursing facility to the emergency department after experiencing lightheadedness and a fall. Chief complaint is lower back pain for the past hour.
11/19	Bladder scan completed, IUC placed to address concerns of urinary retention.
11/20	Admitted from the ED for observation. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Staphylococcus epidermidis</i>
11/21	
11/22	Lower back pain has subsided, and patient is cleared by care team of any fall-related injuries.
11/23	Patient is discharged back to their skilled nursing facility.





Case Study 5 – Rationale

Date	Details
11/18	Patient was transported from a skilled nursing facility to the emergency department after experiencing lightheadedness and a fall. Chief complaint is lower back pain for the past hour.
11/19	Bladder scan completed, IUC placed to address concerns of urinary retention.
11/20	Admitted from the ED for observation. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Staphylococcus epidermidis</i>
11/21	
11/22	Lower back injuries.
11/23	Patient is discharged back to their skilled nursing facility.

This culture is eligible for use and sets an IWP, 11/18-11/23.

- *Note: The IWP is shorted as it cannot extend past the POA timeframe (i.e. 2 days before inpatient admission).*



Case Study 5 – Rationale

Date	Details
11/18	Patient was transported from a skilled nursing facility to the emergency department after experiencing lightheadedness and a fall. Chief complaint is lower back pain for the past hour.
11/19	of urinary retention.
11/20	e collected. ➤ Urine Culture Result: >100,000 CFU/ml. <i>Staphylococcus epiderm</i>
11/21	
11/22	Lower back pain has subsided related injuries.
11/23	Patient is discharged back to their skilled nursing facility.

Generalized "low back pain" is not to be interpreted as costovertebral angle (CVA) pain or tenderness.

- Examples of symptoms that can be used as CVA pain or tenderness include:
- Lower back pain (left, right, or bilateral)
 - OR
 - Flank pain (left, right, or bilateral)

Case Study 5 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
11/18							
11/19							
11/20					Urine Culture >100,000 CFU/ml, <i>Staphylococcus epidermidis</i>		
11/21							
11/22							
11/23							
11/24							
11/25							
11/26							
11/27							
11/28							
11/29							
11/30							
12/1							
12/2							
12/3							

A positive urine culture alone will not meet SUTI criteria, therefore, since no other qualifying UTI sign/symptom was exhibited by the patient, there is no SUTI event to report or repeat infection timeframe (RIT) to set.

Case Study 6

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Details
1/13	An 8-month-old patient is admitted to the pediatric ICU because they were having trouble breathing and their oxygen levels were dropping. The patient's oxygen level went down to 54%, requiring the need for intubation. An IUC was placed for urinary management and output monitoring.
1/14	IUC is replaced.
1/15	IUC is draining clear urine, nursing notes the presence of sediments along the tubing.
1/16	Patient is febrile (38.8°C/101.8°F). IUC is replaced. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Pseudomonas aeruginosa</i>
1/17	Another episode of transient desaturation to 82%. Fever continued (38.8°C/101.8°F).
1/18	Patient diagnosed with Congenital Central Hypoventilation Syndrome (CCHS).



Case Study 6

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

CCHS is a rare, lifelong genetic disorder that impairs automatic breathing, especially during sleep, due to autonomic nervous system dysfunction.

Date	Details
1/13	An 8-month-old patient is admitted to the pediatric ICU because they were having trouble breathing and their oxygen levels were dropping. The patient's oxygen level went down to 54%, requiring the need for intubation. An IUC was placed for urinary management and output monitoring.
1/14	IUC is replaced.
1/15	IUC is draining clear urine, nursing notes the presence of sediments along the tubing.
1/16	Patient is febrile (38.8°C/101.8°F). IUC is replaced. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Pseudomonas aeruginosa</i>
1/17	Another episode of transient desaturation to 82%. Fever continued (38.8°C/101.8°F).
1/18	Patient diagnosed with Congenital Central Hypoventilation Syndrome (CCHS).

Case Study 6

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

CCHS is a rare, lifelong genetic disorder that impairs automatic breathing, especially during sleep, due to autonomic nervous system dysfunction.

Date	Details
1/13	An 8-month-old patient is admitted to the pediatric ICU because they were having trouble breathing and their oxygen levels were dropping. The patient's oxygen level went down to 54%, requiring the need for intubation. An IUC was placed for urinary management and output monitoring.
1/14	IUC is replaced.
1/15	IUC is draining clear urine, nursing notes the presence of sediments along the tubing.
1/16	Patient is febrile (38.8°C/101.8°F). IUC is replaced. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Pseudomonas aeruginosa</i>
1/17	Another episode of transient desaturation to 82%. Fever continued (38.8°C/101.8°F).
1/18	Patient diagnosed with Congenital Central Hypoventilation Syndrome (CCHS).

Case Study 6 – Rationale



Date	Description
1/13	An 8 month old patient is admitted to the pediatric ICU because they were having trouble breathing and their oxygen saturation was 54%, requiring the need for intubation and output monitoring.
1/14	Two-episode tracheal secretions 2
1/15	IUC is draining clear urine, but notes the presence of sediments along the tubing.
1/16	Patient is febrile (38.8°C/101.8°F). IUC is replaced. Urine culture collected. ➤ Urine Culture Result: >100,000 CFU/ml, <i>Pseudomonas aeruginosa</i>
1/17	Another episode of tracheal secretions 1
1/18	Patient diagnosed with Congenital Central Hypoventilation Syndrome (CCHS).

The fever is the first element captured within the IWP, setting the DOE as 1/16.

The measured fever is eligible for use as it is >38.0°C (>100.4°F).

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

This culture is eligible for use and sets an IWP, 1/13-1/19.



Case Study 6 – Rationale

Date	Details
1/16	<p>An 8 month old pateint is admitted to the pediatric IUC because they were having trouble breathing and their oxygen levels were dropping. The patient's oxygen level went down to</p> <ul style="list-style-type: none">• The date of event is after Hospital Day 3, which makes this a Healthcare-associated Infection (HAI).• Since the patient had an IUC in place for >2 consecutive days in an inpatient location on the DOE, this is a CAUTI meeting SUTI 2 criterion.• The RIT is 1/16-1/29 and the SBAP is 1/13-1/29.
1/18	Patient diagnosed with Congenital Central Hypoventilation Syndrome (CCHS).

Case Study 6 – Rationale



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
1/13		HD 1: POA	1				
1/14		HD 2: POA	2				
1/15		HD 3: HAI	3				
1/16 (DOE)		HD 4: HAI	4	Fever (38.8°C/101.8°F)	Urine Culture >100,000 CFU/ml, <i>Pseudomonas aeruginosa</i>		
1/17		HD 5: HAI	5	Fever (38.8°C/101.8°F)			
1/18		HD 6: HAI	6				
1/19		HD 7: HAI	7				
1/20		HD 8: HAI	8				
1/21		HD 9: HAI	9				
1/22		HD 10: HAI	10				
1/23		HD 11: HAI	11				
1/24		HD 12: HAI	12				
1/25		HD 13: HAI	13				
1/26		HD 14: HAI	14				
1/27		HD 15: HAI	15				
1/28		HD 16: HAI	16				
1/29		HD 17: HAI	17				

Case Study 7

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI

Date	Location	Details
9/5	Admission #1	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Admission #1	Foley catheter removed. Patient report of urinary retention, new foley placed.
9/7	Admission #1	
9/8	Admission #1	Foley catheter removed. Patient discharged home.
9/9	ED Admission #2	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to same hospital from ED. Urine culture collected. <ul style="list-style-type: none">➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>
9/10	Admission #2	
9/11	Admission #2	Patient report of sharp, lower abdominal pain. Provider notes this could be a potential complication from the recent hernia repair.
9/12	Admission #2	



Case Study 7

Does this patient have a UTI?

- A. Yes, SUTI 1a (CAUTI)
- B. Yes, SUTI 1b (non-catheter-associated)
- C. Yes, SUTI 2 (CAUTI)
- D. Yes, SUTI 2 (non-catheter-associated)
- E. Yes, ABUTI (CAUTI)
- F. Yes, ABUTI (non-catheter-associated)
- G. No UTI



Date	Location	Details
9/5	Admission #1	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Admission #1	Foley catheter removed. Patient report of urinary retention, new foley placed.
9/7	Admission #1	
9/8	Admission #1	Foley catheter removed. Patient discharged home.
9/9	ED Admission #2	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to same hospital from ED. Urine culture collected. <ul style="list-style-type: none">➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>
9/10	Admission #2	
9/11	Admission #2	Patient report of sharp, lower abdominal pain. Provider notes this could be a potential complication from the recent hernia repair.
9/12	Admission #2	



Case Study 7 – Rationale, Admission #2

Date	Details
9/5	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Foley catheter removed. Patient report of urinary retention, new foley placed.
9/8	Foley catheter removed. Patient discharged home.
9/9	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to same hospital from ED. Urine culture collected. ➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>
9/10	
9/11	potential

This culture is eligible for use and sets an IWP, 9/7-9/12.

- **Note:** The IWP is shorted as it cannot extend past the POA timeframe for the second inpatient admission (i.e. 2 days before inpatient admission).



Case Study 7 – Rationale, Admission #2

Date	Details
9/5	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Foley catheter placed.
9/8	Patient discharged home.
9/9	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to inpatient unit from ED. Urine culture collected.
9/10	Admitted to inpatient unit.
9/11	Patient develops urinary tract infection (UTI) complication from the recent hernia repair.

1

The measured fever and report of dysuria within the POA timeframe are eligible for use. They are also the first elements captured within the IWP, setting the DOE as 9/9.

2

Since the event occurred on the day after discharge, the Transfer Rule is applied, and the infection is attributed to the discharging location, Location A. CAUTI events cannot be attributed to non-bedded locations such as the ED.

- *Note: Facilities should always share information of potential HAI events that may occur before or following transfers between facilities.*



Case Study 7 – Rationale, Admission #2

Admission #2

- The date of event is before Hospital Day 3, which makes this a Present on Admission (POA) infection.
- Since the patient did not have an IUC in place for >2 consecutive days in an inpatient location on the DOE, this is a non-CAUTI meeting SUTI 1b criterion.
- The POA RIT for the second admission is 9/9-9/22.

Note: Only NHSN SUTI1a/CAUTI events are required to be reported by CMS. However, be sure to check your state or local requirements as they may require all UTIs be reported to NHSN. Reporting requirements vary from state-to-state.

Case Study 7 – Rationale, Admission #2



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
9/7		HD -2: POA					
9/8		HD -1: POA					
9/9 (DOE)		HD 1: POA	No IUC	Fever (38.9°C/102.0°F) and Dysuria	Urine Culture >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>		
9/10		HD 2: POA					
9/11		HD 3: HAI					
9/12		HD 4: HAI					
9/13		HD 5: HAI					
9/14		HD 6: HAI					
9/15		HD 7: HAI					
9/16		HD 8: HAI					
9/17		HD 9: HAI					
9/18		HD 10: HAI					
9/19		HD 11: HAI					
9/20		HD 12: HAI					
9/21		HD 13: HAI					
9/22		HD 14: HAI					



Case Study 7 – Rationale, Admission #1

Date	Details
9/5	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Foley catheter removed. Patient report of urinary retention, new foley placed.
9/8	Foley catheter removed. Patient discharged home.
9/9	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to same hospital from ED. Urine culture collected. <ul style="list-style-type: none">➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>
9/10	
9/11	

This culture is eligible for use and sets an IWP, 9/6-9/9.

- **Note:** The IWP is shorted as it cannot extend past discharge and must keep within the Transfer Rule timeframe (i.e., date of transfer or discharge, or the next day).



Case Study 7 – Rationale, Admission #1

Date	Details
9/5	Patient admitted for an open hernia repair. Foley catheter placed in the OR.
9/6	Foley catheter placed.
9/8	Patient discharged home.
9/9	Patient presents to ED with fever (38.9°C/102.0°F) and burning sensation when urinating (dysuria). Readmitted to same hospital from ED. Urine culture collected. ➤ Urine Culture Results: >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>
9/10	Admitted to inpatient unit from ED.
9/11	Patient report of sharp, lower abdominal pain. Provider notes this could be a potential complication from the recent hernia repair.

The measured fever and report of dysuria within the Transfer Rule timeframe are eligible for use. They are also the first elements captured within the IWP, setting the DOE as 9/9.



Case Study 7 – Rationale, Admission #1

Admission #1

- The date of event is after Hospital Day 3 and within the Transfer Rule timeframe, which makes this a Healthcare-associated Infection (HAI).
- Since the patient had an IUC in place for >2 consecutive days in an inpatient location on the DOE and was removed the day prior, this is a CAUTI meeting SUTI 1a criterion.
- Since the patient is readmitted to the same facility within the Transfer Rule timeframe, an RIT does not carry over from one admission to another.

Case Study 7 – Rationale, Admission #1



Date	IWP	Hospital Day	IUC Device Day	Signs/Symptoms	Diagnostic Tests	RIT	SBAP
9/5		HD 1: POA	1				
9/6		HD 2: POA	2				
9/7		HD 3: HAI	3				
9/8		HD 4: HAI	4				
9/9 (DOE)		Transfer Rule Timeframe	No IUC	Fever (38.9°C/102.0°F) and Dysuria	Urine Culture >100,000 CFU/ml, <i>Klebsiella pneumoniae</i>		
9/10							
9/11							
9/12							
9/13							
9/14							
9/15							
9/16							
9/17							
9/18							
9/19							
9/20							
9/21							




Additional Resources

Additional Resources

- **NHSN UTI FAQs**
 - <https://www.cdc.gov/nhsn/faqs/faq-uti.html>
- **NHSN Terminology Browser**
 - <https://cdcnhsn.clinicalarchitecture.com/SymedicalCDCNHSNViewpoint/#/search>
- **NHSN Patient Safety Component Manual**
 - https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf
 - Chapter 2 - Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance
 - Chapter 7 - Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) Events
- **NHSN HAI/POA Determination Tools**
 - <https://www.cdc.gov/nhsn/poa/index.html>
 - <https://www.cdc.gov/nhsn/xls/general-rules-worksheet.xlsx>

Steps to Investigate a Positive Urine Culture



1. Assess eligibility of a positive urine culture	<ul style="list-style-type: none">• Is this an eligible urine culture (at least one eligible organism \geq 100K CFU/ml and no more than two organisms)?<ul style="list-style-type: none">○ If yes, continue reviewing the potential event.○ If no, STOP  (cannot have a UTI event without an eligible urine culture).
2. Set the 7-day infection window period (IWP)	<ul style="list-style-type: none">• An eligible urine culture always sets the IWP for the UTI module. This timeframe includes the 3 days before the urine culture, the day of the urine culture and 3 days after the urine culture for a total of 7 days.
3. Locate the first element used to meet site-specific infection criterion within the 7-day IWP	<ul style="list-style-type: none">• Are all the UTI criteria met during the IWP?<ul style="list-style-type: none">○ If yes, there is a UTI event.○ If no, there is no event.
4. Identify the date of event (DOE)	<ul style="list-style-type: none">• The date that the first element occurs for the first time within the IWP. The first element could be a positive urine culture OR an NHSN UTI sign/symptom.
5. Establish if present on admission (POA) or a healthcare-associated infection (HAI)	<ul style="list-style-type: none">• POA: The DOE is found to be the date of admission to an inpatient location, the 2 days before admission, or the calendar day after admission.• HAI: The DOE occurred on or after hospital day 3.
6. Associate catheter use to UTI event	<ul style="list-style-type: none">• CAUTI/CA-ABUTI: IUC in place for > 2 consecutive days in an inpatient location on the DOE or removed the before the DOE.• Non-CAUTI/CA-ABUTI: IUC present, but not in place for > 2 consecutive days in an inpatient location or the patient did not have an IUC in place on the date of event nor the day before the date of event.
6. Set a repeat infection timeframe (RIT) and a secondary BSI attribution period (SBAP)	<ul style="list-style-type: none">• RIT: 14-day timeframe where no 'new' UTI events are reported (SUTI or ABUTI). The DOE is Day 1 of the RIT. Please note, a urine culture alone does not set an RIT. NHSN criterion must be fully met.• SBAP: The 14–17 day timeframe in which a blood specimen must be collected for a secondary BSI to be attributed to a UTI event. The SBAP includes the IWP combined with the RIT.

Thank you.

For any questions or concerns, contact the NHSN Helpdesk

- **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.
- Access new portal at <https://servicedesk.cdc.gov/nhsncsp>.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 <https://www.cdc.gov/>
Follow us on social [@CDCgov](#)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

