

*Facility ID # : _____		*Event # : _____	
*Patient ID # : _____		Social Security # : _____ - _____ - _____	
Secondary ID # : _____			
Patient Name, Last: _____		First: _____	Middle: _____
*Gender: ☐ F ☐ M		*Date of Birth: ____ / ____ / ____	
Ethnicity (specify): _____		Race (specify): _____	

*Event Type: <u>UTI</u>		*Date of Event: ____ / ____ / ____	
*Post-procedure UTI: ☐ Y ☐ N		Date of Procedure: ____ / ____ / ____	
NHSN Procedure Code: _____		ICD-9-CM Procedure Code: _____	
*Location: _____		*Date Admitted to Facility: ____ / ____ / ____	
MDRO Infection: ☐ Y ☐ N			

Risk Factors	
*Urinary catheter: ☐ Y ☐ N	
Location of Device Insertion: _____ Date of Device Insertion: ____ / ____ / ____	

Event Details	
*UTI	
☐ Asymptomatic bacteriuria (ASB) – Specify criterion used: ☐ Criterion 1 ☐ Criterion 2	
☐ Symptomatic UTI (SUTI) – Specify criterion used: ☐ Criterion 1 ☐ Criterion 2 (specify) ☐ Criterion 3 ☐ Criterion 4 (specify)	
☐ Other UTI (OUTI) – Specify criterion used: ☐ Criterion 1 ☐ Criterion 2 ☐ Criterion 3 (specify) ☐ Criterion 4 (specify)	
*Secondary Bloodstream Infection: ☐ Y ☐ N	
**Died: ☐ Y ☐ N UTI Contributed to Death: ☐ Y ☐ N	
Discharge Date: ____ / ____ / ____	
*Pathogens Identified: ☐ Y ☐ N If Yes, specify on reverse →	

Custom Fields	
Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____	_____
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Comments

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Pathogen #	Gram-positive Organisms										
	Coagulase-negative staphylococci (specify)	VANC S I R N									
	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC					
		S I R N	S I R N	S I R N	S I R N	S I R N					
	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC				
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N				
	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
Pathogen #	Gram-negative Organisms										
	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP	
		S I R N	S I R N		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	<i>Stenotrophomonas maltophilia</i>	TMZ									
		S I R N									
Pathogen #	Other Organisms										
	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	
	Organism 2 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	
	Organism 3 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	

AMK = amikacin

AMP = ampicillin

AMPSUL = ampicillin/sulbactam

CEFEP = cefepime

CEFOT = cefotaxime

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CIPRO = ciprofloxacin

CLIND = clindamycin

DAPTO = daptomycin

ERYTH = erythromycin

GENT = gentamicin

IMI = imipenem

LEVO = levofloxacin

LNZ = linezolid

MERO = meropenem

OX = oxacillin

PENG = penicillin G

PIP = piperacillin

PIPTAZ = piperacillin / tazobactam

QUIDAL = quinupristin / dalfopristin

RIF = rifampin

TMZ = trimethoprim / sulfamethoxazole

VANC = vancomycin

Result codes:

S = susceptible I = intermediate

R = resistant N = not tested

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