

*Facility ID #: _____		*Event #: _____	
*Patient ID #: _____		Social Security #: _____ - _____ - _____	
Secondary ID #: _____			
Patient Name, Last: _____		First: _____	Middle: _____
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M		*Date of Birth: ____/____/____	
Ethnicity (specify): _____		Race (specify): _____	
*Event Type: <u>UTI</u>		*Date of Event: ____/____/____	
*Post-procedure UTI: <input type="checkbox"/> Y <input type="checkbox"/> N		Date of Procedure: ____/____/____	
NHSN Procedure Code: _____		ICD-9-CM Procedure Code: _____	
*Location: _____		*Date Admitted to Facility: ____/____/____	
MDRO Infection: <input type="checkbox"/> Y <input type="checkbox"/> N			
Risk Factors			
*Urinary catheter: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> N			
**Died: <input type="checkbox"/> Y <input type="checkbox"/> N		UTI Contributed to Death: <input type="checkbox"/> Y <input type="checkbox"/> N	
Discharge Date: ____/____/____			
*Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, specify on reverse →	
Custom Fields			
Label		Label	
_____ / ____/____		_____ / ____/____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
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).

UTI Pathogens: Select up to 3 organisms

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci (specify)	VANC									
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC					
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC				
_____	<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

Gram-negative Organisms											
_____	<i>Acinetobacter spp.</i> (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ	
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
_____	<i>Enterobacter spp.</i> (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP	
_____	<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 CEFTAZ = ceftazidime ERYTH = erythromycin PENG = penicillin G Result codes:
 AMP = ampicillin CEFTRX = ceftriaxone GENT = gentamicin PIP = piperacillin S = susceptible I = intermediate
 AMPSUL = ampicillin/sulbactam CIPRO = ciprofloxacin IMI = imipenem QUIDAL = quinupristin / dalfopristin R = resistant N = not tested
 CEFEP = cefepime CLIND = clindamycin LEVO = levofloxacin RIF = rifampin
 CEFOT = cefotaxime DAPTO = daptomycin MERO = meropenem TMZ = trimethoprim / sulfamethoxazole
 OX = oxacillin VANC = vancomycin