

* required for saving			Event #:
*Facility ID:			
*Resident ID:			*Social Security #:
Medicare number (or comparable railroad insurance number):			
Resident Name, Last:		First:	Middle:
*Gender: F M Other			*Date of Birth:
*Resident type: Short-stay (<90 days)		Long-stay (>90 days)	
*Date of Original Admission to Facility: ___/___/___			
Ethnicity (specify):		Race (specify):	
*Event Type: UTI		*Date of Event:	

\*MDRO Infection Surveillance:

Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

\*Resident Care Location:

\*Primary Resident Service Type: (Check one)

Long-term general nursing     Long-term dementia     Long-term psychiatric

Skilled nursing/Short-term rehab (subacute)     Ventilator     Bariatric     Other

\*Has resident been transferred from an acute care facility in the past 3 months?    Yes    No

If Yes, date of last transfer from acute care to your facility: \_\_\_/\_\_\_/\_\_\_

\*Urinary Catheter status at time of specimen collection:

In place     Removed within 48 hours prior     Not in place nor within 48 hours prior

\*Site where Device Inserted (Check one):  Your facility     Acute care     Other facility     Clinic/community

\*Device Type:  Indwelling/Suprapubic     Condom (males only)    Date of Device Insertion: \_\_\_/\_\_\_/\_\_\_

**Event Details**

\*Specific Event:  Symptomatic UTI (SUTI)     Asymptomatic Bacteremic UTI (ABUTI)

\*Specify Criteria Used: (check all that apply)

<p><u>Signs &amp; Symptoms</u></p> <p><input type="checkbox"/> Fever: Single temperature <math>\geq 37.8^{\circ}\text{C}</math> [<math>&gt;100^{\circ}\text{F}</math>], or <math>&gt;37.2^{\circ}\text{C}</math> [<math>&gt; 99^{\circ}\text{F}</math>] on repeated occasions, or an increase of <math>&gt;1.1^{\circ}\text{C}</math> (<math>&gt;2^{\circ}\text{F}</math>) over baseline</p> <p><input type="checkbox"/> Rigors            <input type="checkbox"/> New onset hypotension</p> <p><input type="checkbox"/> New onset confusion / functional decline</p> <p><input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate</p> <p><input type="checkbox"/> Acute dysuria</p> <p><input type="checkbox"/> Purulent drainage at catheter insertion site</p> <p><u>New and/or marked increase in (check all that apply):</u></p> <p><input type="checkbox"/> Urgency            <input type="checkbox"/> Costovertebral angle pain or tenderness</p> <p><input type="checkbox"/> Frequency        <input type="checkbox"/> Suprapubic tenderness</p> <p><input type="checkbox"/> Incontinence     <input type="checkbox"/> Visible (gross) hematuria</p>	<p><u>Laboratory &amp; Diagnostic Testing</u></p> <p><input type="checkbox"/> Positive culture with <math>\geq 10^5</math>CFU/ml with single predominant microorganism or 2 species of gram negative microorganisms from voided specimen</p> <p><input type="checkbox"/> Positive culture with <math>\geq 10^2</math> CFU/ml of any microorganisms from in/out catheter specimen</p> <p><input type="checkbox"/> Positive culture with <math>\geq 10^5</math> CFU/ml of any microorganisms from newly placed indwelling catheter specimen</p> <p><input type="checkbox"/> Leukocytosis (<math>&gt;14,000</math> cells/mm<sup>3</sup>), or Left shift (<math>&gt;6\%</math> or 1,500 bands/mm<sup>3</sup>)</p> <p><input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture</p>
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Secondary Bloodstream Infection: Yes    No			
*Transfer to acute care facility: Yes    No	Died: Yes    No	UTI Contributed to Death: Yes    No	
If yes, date of transfer: ___/___/___			
*Pathogens Identified: Yes    No		*If Yes, specify on pages 2-3.	

Assurance of Confidentiality: The voluntarily provided 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____	<b>VANC</b> SIRN							
_____	<i>Enterococcus</i> <i>spp.</i> (specify) _____	<b>AMP</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>DAPTO</b> SNSN	<b>DOXY/MINO</b> SIRN	<b>GENTHL<sup>s</sup></b> SRN	<b>LNZ</b> SIRN		
		<b>STREPHL<sup>s</sup></b> SRN	<b>TETRA</b> SIRN	<b>TIG</b> SNSN	<b>VANC</b> SIRN				
_____	<i>Enterococcus</i> <i>faecium</i>	<b>AMP</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>DAPTO</b> SNSN	<b>DOXY/MINO</b> SIRN	<b>GENTHL<sup>s</sup></b> SRN	<b>LNZ</b> SIRN	<b>QUIDAL</b> SIRN	
		<b>STREPHL<sup>s</sup></b> SRN	<b>TETRA</b> SIRN	<b>TIG</b> SNSN	<b>VANC</b> SIRN				
_____	<i>Staphylococcus</i> <i>aureus</i>	<b>CHLOR</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>CLIND</b> SIRN	<b>DAPTO</b> SNSN	<b>DOXY/MINO</b> SIRN	<b>ERYTH</b> SIRN	<b>GENT</b> SIRN	
		<b>LNZ</b> SRN	<b>OX/CEFOX/METH</b> SIRN	<b>QUIDAL</b> SIRN	<b>RIF</b> SIRN	<b>TETRA</b> SIRN	<b>TIG</b> SNSN	<b>TMZ</b> SIRN	<b>VANC</b> SIRN
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> <i>spp.</i> (specify) _____	<b>AMK</b> SIRN	<b>AMPSUL</b> SIRN	<b>AZT</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFTAZ</b> SIRN	<b>CIPRO/LEVO</b> SIRN	<b>COL/PB</b> SIRN	<b>GENT</b> SIRN
		<b>IMI</b> SIRN	<b>MERO/DORI</b> IRN	<b>PIP/PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN		<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN	
_____	<i>Escherichia</i> <i>coli</i>	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN	
		<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CHLOR</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>COL/PB</b> SIRN	<b>ERTA</b> SIRN	
		<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN
_____	<i>Enterobacter</i> <i>spp.</i> (specify) _____	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN	
		<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CHLOR</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>COL/PB</b> SIRN	<b>ERTA</b> SIRN	
		<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN
_____	<i>Klebsiella</i> <i>spp.</i> (specify) _____	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFOT/CEFTRX</b> SIRN	
		<b>CEFTAZ</b> SIRN	<b>CEFUR</b> SIRN	<b>CEFOX/CETET</b> SIRN	<b>CHLOR</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>COL/PB</b> SIRN	<b>ERTA</b> SIRN	
		<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>MERO/DORI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TETRA/DOXY/MINO</b> SIRN	<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN

Pathogen #	Gram-negative Organisms (continued)										
_____	<i>Serratia marcescens</i>	<b>AMK</b> S I R N	<b>AMP</b> S I R N	<b>AMPSUL/AMXCLV</b> S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT/CEFTRX</b> S I R N			
		<b>CEFTAZ</b> S I R N	<b>CEFUR</b> S I R N	<b>CEFOX/CETET</b> S I R N	<b>CHLOR</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N		<b>COL/PB</b> S I R N	<b>ERTA</b> S I R N		
		<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TETRA/DOXY/MINO</b> S I R N		<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N	
_____	<i>Pseudomonas aeruginosa</i>	<b>AMK</b> S I R N	<b>AZT</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CIPRO/LEVO</b> S I R N	<b>COL/PB</b> S I R N	<b>GENT</b> S I R N			
		<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIP/PIPTAZ</b> S I R N	<b>TOBRA</b> S I R N						
	<i>Stenotrophomonas maltophilia</i>	<b>LEVO</b> S I R N	<b>TETRA/MINO</b> S I R N	<b>TICLAV</b> S I R N	<b>TMZ</b> S I R N						
Pathogen #	Fungal Organisms										
_____	<i>Candida spp.</i> (specify)		<b>ANID</b> S N S N	<b>CASPO</b> S N S N	<b>FLUCO</b> S S-DD R N	<b>FLUCY</b> S I R N	<b>ITRA</b> S S-DD R N	<b>MICA</b> S N S N	<b>VORI</b> S S-DD 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

**Result Codes**

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested**  
 § **GENTHL and STREPHL results: S=Susceptible/Synergistic and R=Resistant/Not Synergistic**

**Drug Codes:**

- |                                      |                        |  |                                    |   |
|--------------------------------------|------------------------|--|------------------------------------|---|
| AMK = amikacin                       | CEFTRX = ceftriaxone   | ERYTH = erythromycin                     | MICA = micafungin                  | STREPHL = streptomycin –<br>high level test |
| AMP = ampicillin                     | CEFUR= cefuroxime      | FLUCO = fluconazole                      | MINO = minocycline                 |   |
| AMPSUL = ampicillin/sulbactam        | CETET= cefotetan       | FLUCY = flucytosine                      | MOXI = moxifloxacin                | TETRA = tetracycline                        |
| AMXCLV = amoxicillin/clavulanic acid | CHLOR= chloramphenicol | GENT = gentamicin                        | OX = oxacillin                     | TICLAV = ticarcillin/clavulanic acid        |
| ANID = anidulafungin                 | CIPRO = ciprofloxacin  | GENTHL = gentamicin –<br>high level test | PB = polymyxin B                   | TIG = tigecycline                           |
| AZT = aztreonam                      | CLIND = clindamycin    |  | PIP = piperacillin                 | TMZ = trimethoprim/sulfamethoxazole         |
| CASPO = caspofungin                  | COL = colistin         | IMI = imipenem                           | PIPTAZ = piperacillin/tazobactam   | TOBRA = tobramycin                          |
| CEFAZ= ceftazolin                    | DAPTO = daptomycin     | ITRA = itraconazole                      | QUIDAL = quinupristin/dalfopristin | VANC = vancomycin                           |
| CEFEP = cefepime                     | DORI = doripenem       | LEVO = levofloxacin                      | RIF = rifampin                     | VORI = voriconazole                         |
| CEFOT = cefotaxime                   | DOXY = doxycycline     | LNZ = linezolid                          |                                    |   |
| CEFOX= cefoxitin                     | ERTA = ertapenem       | MERO = meropenem                         |                                    |   |
| CEFTAZ = ceftazidime                 |                        | METH = methicillin                       |                                    |   |

## Custom Fields

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## Comments

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