

* 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 & Symptoms</u></p> <p><input type="checkbox"/> Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ [$>100^{\circ}\text{F}$], or $>37.2^{\circ}\text{C}$ [$> 99^{\circ}\text{F}$] on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) 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 & Diagnostic Testing</u></p> <p><input type="checkbox"/> Positive culture with $\geq 10^5$CFU/ml with single predominant microorganism or 2 species of gram negative microorganisms from voided specimen</p> <p><input type="checkbox"/> Positive culture with $\geq 10^2$ CFU/ml of any microorganisms from in/out catheter specimen</p> <p><input type="checkbox"/> Positive culture with $\geq 10^5$ CFU/ml of any microorganisms from newly placed indwelling catheter specimen</p> <p><input type="checkbox"/> Leukocytosis ($>14,000$ cells/mm³), or Left shift ($>6\%$ or 1,500 bands/mm³)</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): _____	VANC SIRN								
_____	<i>Enterococcus</i> <i>spp.</i> (specify) _____	AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN			
		STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN					
_____	<i>Enterococcus</i> <i>faecium</i>	AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN	QUIDAL SIRN		
		STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN					
_____	<i>Staphylococcus</i> <i>aureus</i>	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN		
		LNZ SRN	OX/CEFOX/METH SIRN	QUIDAL SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> <i>spp.</i> (specify) _____	AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN	
		IMI SIRN	MERO/DORI IRN	PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		TMZ SIRN	TOBRA SIRN		
_____	<i>Escherichia</i> <i>coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN		
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN	
_____	<i>Enterobacter</i> <i>spp.</i> (specify) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN		
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN	
_____	<i>Klebsiella</i> <i>spp.</i> (specify) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN		
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN	

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

CEFTRX = ceftriaxone
 CEFUR = cefuroxime
 CETET = cefotetan
 CHLOR = chloramphenicol
 CIPRO = ciprofloxacin
 CLIND = clindamycin
 COL = colistin
 DAPTO = daptomycin
 DORI = doripenem
 DOXY = doxycycline
 ERTA = ertapenem

ERYTH = erythromycin
 FLUCO = fluconazole
 FLUCY = flucytosine
 GENT = gentamicin
 GENTHL = gentamicin –
 high level test
 IMI = imipenem
 ITRA = itraconazole
 LEVO = levofloxacin
 LNZ = linezolid
 MERO = meropenem
 METH = methicillin

MICA = micafungin
 MINO = minocycline
 MOXI = moxifloxacin
 OX = oxacillin
 PB = polymyxin B
 PIP = piperacillin
 PIPTAZ = piperacillin/tazobactam
 QUIDAL = quinupristin/dalfopristin
 RIF = rifampin

STREPHL = streptomycin –
 high level test
 TETRA = tetracycline
 TICLAV = ticarcillin/clavulanic acid
 TIG = tigecycline
 TMZ = trimethoprim/sulfamethoxazole
 TOBRA = tobramycin
 VANC = vancomycin
 VORI = voriconazole

Custom Fields

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Comments

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