

# Urinary Tract infection (UTI)

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*required for saving **required for completion		
Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
*Event Type: UTI	*Date of Event:	
Post-procedure UTI: Yes No	Date of Procedure:	
NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*MDRO Infection Surveillance:		
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module		
*Date Admitted to Facility:	*Location:	
<b>Risk Factors</b>		
*Urinary Catheter status at time of specimen collection:		
<input type="checkbox"/> In place <input type="checkbox"/> Removed within 48 hours prior <input type="checkbox"/> Not in place nor within 48 hours prior		
Location of Device Insertion:		Date of Device Insertion:    /    /
<b>Event Details</b>		
*Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Other UTI (OUTI)		
*Specify Criteria Used: (check all that apply)		
<u>Signs &amp; Symptoms</u>		<u>Laboratory &amp; Diagnostic Testing</u>
<b>Any Patient</b>		<b>≤ 1 year old</b>
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> 1 positive culture with ≥ 10 <sup>5</sup> CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Urgency	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Positive dipstick for leukocyte esterase or nitrite
<input type="checkbox"/> Frequency	<input type="checkbox"/> Apnea	<input type="checkbox"/> Pyuria
<input type="checkbox"/> Dysuria	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine
<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Dysuria	<input type="checkbox"/> 1 positive culture with ≥ 10 <sup>3</sup> CFU/ml and < 10 <sup>5</sup> CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Costovertebral angle pain or tenderness	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Positive culture
<input type="checkbox"/> Abscess	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Positive blood culture
<input type="checkbox"/> Pain or tenderness		<input type="checkbox"/> Radiographic evidence of infection
<input type="checkbox"/> Purulent drainage or material		
<input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests <sup>‡</sup>		<sup>‡</sup> per specific site criteria
*Secondary Bloodstream Infection: Yes No		
**Died: Yes No	UTI Contributed to Death: Yes No	
Discharge Date:	*Pathogens Identified: Yes No    *If Yes, specify on pages 2-4.	
<p>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)).</p> <p>Public reporting burden of this collection of information is estimated to average 32 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).</p> <p>CDC 57.114 (Front) Rev 5, v6.6</p>		

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____		VANC SIRN							
_____	<i>Enterococcus</i> spp. (specify): _____		AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL <sup>s</sup> SRN	LNZ SIRN		
			STREPHL <sup>s</sup> 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 <sup>s</sup> SRN	LNZ SIRN		
			QUIDAL SIRN	STREPHL <sup>s</sup> 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> spp. (specify): _____		AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	
			GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
			TMZ SIRN	TOBRA SIRN						
_____	<i>Escherichia 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> spp. (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> spp. (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					

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Pathogen #	Gram-negative Organisms ( <i>continued</i> )									
_____	<i>Serratia marcescens</i>	AMK SIR N	AMP SIR N	AMPSUL/AMXCLV SIR N	AZT SIR N	CEFAZ SIR N	CEFEP SIR N	CEFOT/CEFTRX SIR N		
		CEFTAZ SIR N	CEFUR SIR N	CEFOX/CETET SIR N	CHLOR SIR N	CIPRO/LEVO/MOXI SIR N		COL/PB SIR N		
		ERTA SIR N	GENT SIR N	IMI SIR N	MERO/DORI SIR N	PIPTAZ SIR N		TETRA/DOXY/MINO SIR N		
		TIG SIR N	TMZ SIR N	TOBRA SIR N						
_____	<i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFEP SIR N	CEFTAZ SIR N	CIPRO/LEVO SIR N	COL/PB SIR N	GENT SIR N		
		IMI SIR N	MERO/DORI SIR N		PIP/PIPTAZ SIR N	TOBRA SIR N				
_____	<i>Stenotrophomonas maltophilia</i>		LEVO SIR N	TETRA/MINO SIR N	TICLAV SIR N	TMZ SIR N				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> spp. (specify): _____	ANID SIR N	CASPO S NS N	FLUCO S S-DD R N	FLUCY SIR N	ITRA S S-DD R N	MICA S NS N	VORI S S-DD R N		
Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify) _____	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify) _____	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N

### Result Codes

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

### Drug Codes:

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

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### Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
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### Comments