

## Urinary Tract Infection (UTI) for LTCF

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*required for saving	
*Facility ID:	Event #:
*Resident ID:	*Social Security #:
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: __/__/__
Ethnicity (specify):	Race (specify):
*Resident type: <input type="checkbox"/> Short-stay (≤90 days) <input type="checkbox"/> Long-stay (>90 days)	
*Date of First Admission to Facility: __/__/__	*Date of Current Admission to Facility: __/__/__
*Event Type: UTI	*Date of Event: __/__/__
*Resident Care Location: _____	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility in the past 3 months?    Yes    No	
If Yes, <u>date of last transfer</u> from acute care to your facility: __/__/__	
*Urinary Catheter status at time of specimen collection (Check one):	
<input type="checkbox"/> In place <input type="checkbox"/> Removed within 48 hours prior <input type="checkbox"/> Not in place nor within 48 hours prior If urinary catheter status In place or Removed within 48 hours prior:	
Site where Device Inserted (Check one): <input type="checkbox"/> Your facility <input type="checkbox"/> Acute care hospital <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Device Type (Check one): <input type="checkbox"/> Indwelling <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom (males only)	
Date of Device Insertion: __/__/__	
<b>Event Details</b>	
*Specify Criteria Used: (check all that apply)	
<u>Signs &amp; Symptoms</u>	<u>Laboratory &amp; Diagnostic Testing</u>
<input type="checkbox"/> Fever: Single temperature ≥ 37.8°C (>100°F), or > 37.2°C (>99°F) on repeated occasions, or an increase of >1.1°C (>2°F) over baseline	<input type="checkbox"/> Positive culture with ≥ 10 <sup>5</sup> CFU/ml with single predominant microorganism or 2 species of gram negative microorganisms from voided specimen
<input type="checkbox"/> Rigors <input type="checkbox"/> New onset hypotension	<input type="checkbox"/> Positive culture with ≥ 10 <sup>2</sup> CFU/ml of any microorganisms from in/out catheter specimen
<input type="checkbox"/> New onset confusion/functional decline	<input type="checkbox"/> Positive culture with ≥ 10 <sup>5</sup> CFU/ml of any microorganisms from newly placed indwelling catheter specimen
<input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate	<input type="checkbox"/> Leukocytosis (> 14,000 cells/mm <sup>3</sup> ), or Left shift (> 6% or 1,500 bands/mm <sup>3</sup> )
<input type="checkbox"/> Acute dysuria	<input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture
<input type="checkbox"/> Purulent drainage at catheter insertion site	
<u>New and/or marked increase in (check all that apply):</u>	
<input type="checkbox"/> Urgency <input type="checkbox"/> Costovertebral angle pain or tenderness	
<input type="checkbox"/> Frequency <input type="checkbox"/> Suprapubic tenderness	
<input type="checkbox"/> Incontinence <input type="checkbox"/> Visible (gross) hematuria	
*Specific Event (Check one):	
<input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Symptomatic CA-UTI (CA-SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI)	
Secondary Bloodstream Infection: Yes No	Died within 30 days of Date of Event: Yes No
*Transfer to acute care facility: Yes No	If yes, date of transfer: __/__/__
*Pathogens identified: Yes No	*If Yes, specify on page 2
<small>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).            CDC 57.140 (Front) v6.6</small>	

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Pathogen #	Gram-positive Organisms																																																																																									
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____		<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">VANC</td> <td colspan="8"></td> </tr> <tr> <td></td> <td>SIRN</td> <td colspan="8"></td> </tr> </table>									VANC										SIRN																																																																				
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_____	<i>Staphylococcus aureus</i>		<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">CHLOR</td> <td style="width: 10%;">CIPRO/LEVO/MOXI</td> <td style="width: 10%;">CLIND</td> <td style="width: 10%;">DAPTO</td> <td style="width: 10%;">DOXY/MINO</td> <td style="width: 10%;">ERYTH</td> <td style="width: 10%;">GENT</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SNSN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>LNZ</td> <td>OX/CEFOX/METH</td> <td>QUIDAL</td> <td>RIF</td> <td>TETRA</td> <td>TIG</td> <td>TMZ</td> <td>VANC</td> <td></td> </tr> <tr> <td></td> <td>SRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SNSN</td> <td>SIRN</td> <td>SIRN</td> <td></td> </tr> </table>									CHLOR	CIPRO/LEVO/MOXI	CLIND	DAPTO	DOXY/MINO	ERYTH	GENT				SIRN	SIRN	SIRN	SNSN	SIRN	SIRN	SIRN				LNZ	OX/CEFOX/METH	QUIDAL	RIF	TETRA	TIG	TMZ	VANC			SRN	SIRN	SIRN	SIRN	SIRN	SNSN	SIRN	SIRN																																									
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_____	<i>Escherichia coli</i>		<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">AMK</td> <td style="width: 10%;">AMP</td> <td style="width: 10%;">AMPSUL/AMXCLV</td> <td style="width: 10%;">AZT</td> <td style="width: 10%;">CEFAZ</td> <td style="width: 10%;">CEFEP</td> <td style="width: 10%;">CEFOT/CEFTRX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>CEFTAZ</td> <td>CEFUR</td> <td>CEFOX/CETET</td> <td>CHLOR</td> <td>CIPRO/LEVO/MOXI</td> <td>COL/PB</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ERTA</td> <td>GENT</td> <td>IMI</td> <td>MERO/DORI</td> <td>PIPTAZ</td> <td>TETRA/DOXY/MINO</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>TIG</td> <td>TMZ</td> <td>TOBRA</td> <td colspan="6"></td> </tr> <tr> <td></td> <td>SIRN</td> <td>SIRN</td> <td>SIRN</td> <td colspan="6"></td> </tr> </table>									AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX				SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN				CEFTAZ	CEFUR	CEFOX/CETET	CHLOR	CIPRO/LEVO/MOXI	COL/PB					SIRN	SIRN	SIRN	SIRN	SIRN	SIRN					ERTA	GENT	IMI	MERO/DORI	PIPTAZ	TETRA/DOXY/MINO					SIRN	SIRN	SIRN	SIRN	SIRN	SIRN					TIG	TMZ	TOBRA								SIRN	SIRN	SIRN						
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Pathogen #	Gram-negative Organisms (continued)									
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		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 SNS N	FLUCO S S-DD R N	FLUCY SIR N	ITRA S S-DD R N	MICA SNS 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>s</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 = ceftazidime	DAPTO = daptomycin	LEVO = levofloxacin	QUIDAL = quinupristin/dalfopristin	VORI = voriconazole
CEFEP = cefepime	DORI = doripenem	LNZ = linezolid	RIF = rifampin	
CEFOT = cefotaxime	DOXY = doxycycline	MERO = meropenem		
CEFOX = ceftaxidime	ERTA = ertapenem	METH = methicillin		



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### Custom Fields

Label		Label	
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### Comments