

# Urinary Tract Infection (UTI) for LTCF

Page 1 of 4 \*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 <input type="checkbox"/> Long-stay	
*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 to your facility in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, <u>date of last transfer</u> from acute care to your facility: ___/___/___	
If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Indwelling Urinary Catheter status at time of event onset (check one):	
<input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place If indwelling urinary catheter status in place or removed within last 2 calendar days: Site where indwelling urinary catheter inserted (check one): <input type="checkbox"/> Your facility <input type="checkbox"/> Acute care hospital <input type="checkbox"/> Other <input type="checkbox"/> Unknown Date of indwelling urinary catheter insertion: ___/___/___ If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, other device type: <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom (males only) <input type="checkbox"/> Intermittent straight catheter	
<b>Event Details</b>	
*Specify Criteria Used: (check all that apply) <u>Signs &amp; Symptoms</u> <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 <input type="checkbox"/> Rigors <input type="checkbox"/> New onset hypotension <input type="checkbox"/> New onset confusion/functional decline <input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate <input type="checkbox"/> Acute dysuria <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	<u>Laboratory &amp; Diagnostic Testing</u> <input type="checkbox"/> Specimen collected from clean catch voided urine and positive culture with $\geq 10^5$ CFU/ml of no more than 2 species of microorganisms <input type="checkbox"/> Specimen collected from in/out straight catheter and positive culture with $\geq 10^2$ CFU/ml of any microorganisms <input type="checkbox"/> Specimen collected from indwelling catheter and positive culture with $\geq 10^5$ CFU/ml of any microorganisms <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"/> Positive blood culture with 1 matching organism in urine culture
*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 7 days of date of event: Yes No
*Transfer to acute care facility within 7 days: Yes No	
*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) v7.2</small>	

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Pathogen #	Gram-positive Organisms																																																						
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">VANC SIRN</td> <td colspan="9"></td> </tr> </table>								VANC SIRN																																												
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_____	<i>Enterococcus</i> spp. (specify): _____		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">AMP SIRN</td> <td style="text-align: center;">CIPRO/LEVO/MOXI SIRN</td> <td style="text-align: center;">DAPTO SNSN</td> <td style="text-align: center;">DOXY/MINO SIRN</td> <td style="text-align: center;">GENTHL<sup>s</sup> SRN</td> <td style="text-align: center;">LNZ SIRN</td> <td colspan="4"></td> </tr> <tr> <td style="text-align: center;">STREPHL<sup>s</sup> SRN</td> <td style="text-align: center;">TETRA SIRN</td> <td style="text-align: center;">TIG SNSN</td> <td style="text-align: center;">VANC SIRN</td> <td colspan="7"></td> </tr> </table>										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																													
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_____	<i>Staphylococcus aureus</i>		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CHLOR SIRN</td> <td style="text-align: center;">CIPRO/LEVO/MOXI SIRN</td> <td style="text-align: center;">CLIND SIRN</td> <td style="text-align: center;">DAPTO SNSN</td> <td style="text-align: center;">DOXY/MINO SIRN</td> <td style="text-align: center;">ERYTH SIRN</td> <td style="text-align: center;">GENT SIRN</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">LNZ SRN</td> <td style="text-align: center;">OX/CEFOX/METH SIRN</td> <td style="text-align: center;">QUIDAL SIRN</td> <td style="text-align: center;">RIF SIRN</td> <td style="text-align: center;">TETRA SIRN</td> <td style="text-align: center;">TIG SNSN</td> <td style="text-align: center;">TMZ SIRN</td> <td style="text-align: center;">VANC SIRN</td> <td colspan="3"></td> </tr> </table>										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																									
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_____	<i>Escherichia coli</i>		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">AMK SIRN</td> <td style="text-align: center;">AMP SIRN</td> <td colspan="2" style="text-align: center;">AMPSUL/AMXCLV SIRN</td> <td style="text-align: center;">AZT SIRN</td> <td style="text-align: center;">CEFAZ SIRN</td> <td style="text-align: center;">CEFEP SIRN</td> <td style="text-align: center;">CEFOT/CEFTRX SIRN</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">CEFTAZ SIRN</td> <td style="text-align: center;">CEFUR SIRN</td> <td colspan="2" style="text-align: center;">CEFOX/CETET SIRN</td> <td style="text-align: center;">CHLOR SIRN</td> <td colspan="2" style="text-align: center;">CIPRO/LEVO/MOXI SIRN</td> <td style="text-align: center;">COL/PB SIRN</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">ERTA SIRN</td> <td style="text-align: center;">GENT SIRN</td> <td style="text-align: center;">IMI SIRN</td> <td colspan="2" style="text-align: center;">MERO/DORI SIRN</td> <td style="text-align: center;">PIPTAZ SIRN</td> <td colspan="4" style="text-align: center;">TETRA/DOXY/MINO SIRN</td> </tr> <tr> <td style="text-align: center;">TIG SIRN</td> <td style="text-align: center;">TMZ SIRN</td> <td colspan="2" style="text-align: center;">TOBRA SIRN</td> <td colspan="7"></td> </tr> </table>										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 (continued)									
_____	<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		
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		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 AMP = ampicillin AMPSUL = ampicillin/sulbactam AMXCLV = amoxicillin/clavulanic acid ANID = anidulafungin AZT = aztreonam CASPO = caspofungin CEFAZ = ceftazidime CEFEP = cefepime CEFOT = cefotaxime CEFOX = ceftazidime 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
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OMB No. 0920-0666  
Exp. Date: xx/xx/20xx  
[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)



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### Custom Fields

Label

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Label

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### Comments