

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 not in-plan for Infection Surveillance in the MDRO/CDI Module			
*Date Admitted to Facility:		*Location:	
Risk Factors			
*Urinary Catheter status:			
<input type="checkbox"/> In place – Urinary catheter in place > 2 days on date of event <input type="checkbox"/> Removed – Urinary catheter in place > 2 days but removed on the date of event or the day before <input type="checkbox"/> Neither – Not catheter associated – Neither in place nor removed			
Location of Device Insertion: _____		Date of Device Insertion: ____ / ____ / _____	
If NICU, birth weight (gms): _____			
Event Details			
*Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Urinary System Infection (USI)			
*Specify Criteria Used: (check all that apply)			
<u>Signs & Symptoms</u>			
<u>Any Patient</u>		<u>≤ 1 year old</u>	<u>Laboratory & Diagnostic Testing</u>
<input type="checkbox"/> Fever	<input type="checkbox"/> Urgency	<input type="checkbox"/> Fever	<input type="checkbox"/> 1 positive culture with ≥ 10 ⁵ CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Frequency	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Positive dipstick for leukocyte esterase or nitrite
<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Abscess	<input type="checkbox"/> Apnea	<input type="checkbox"/> Urine not tested for WBC
<input type="checkbox"/> Acute pain, swelling, or tenderness of testes, epididymis, or prostate	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Pyuria (≥ 10 WBC/mm ³ of unspun urine or > 5 WBC/highpower field of spun urine)	
<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells/mm ³)	
<input type="checkbox"/> Costovertebral angle pain or tenderness		<input type="checkbox"/> 1 positive culture with ≥ 10 ³ CFU/ml and < 10 ⁵ CFU/ml with no more than 2 species of microorganisms	
<input type="checkbox"/> Purulent drainage from affected site		<input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine	
<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†]		<input type="checkbox"/> Positive culture	
		<input type="checkbox"/> Positive blood culture	
		<input type="checkbox"/> Imaging test evidence of infection	
*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.	
<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 57.114 (Front) Rev 8, v8.3</small>			

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available): _____		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>		DAPTO SNSN	GENTHL ^s SRN	LNZ SIRN	VANC SIRN			
_____	_____ <i>Enterococcus faecalis</i>								
_____	_____ <i>Enterococcus spp.</i> (Only those not identified to the species level)								
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN
_____			OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN	
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> (specify species) _____		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 S I/S-DDRN	CEFOT/CEFTRX SIRN
_____			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] SRN		
_____			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____			TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	<i>Enterobacter</i> (specify species) _____		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN
_____			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] SRN		
_____			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____			TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	_____ <i>Klebsiella pneumonia</i>		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN
_____	_____ <i>Klebsiella oxytoca</i>		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] SRN		
_____			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>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				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available) _____	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**

[§] **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

[†] **Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:

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

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Custom Fields

Label		Label	
_____	_ / _ / _	_____	_ / _ / _
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Comments