Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
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Urinary Tract infection (UTI)

*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:

☐ 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

*Date Admitted to Facility:	*Location:

Risk Factors

*Urinary Catheter status:

☐ In place – Urinary catheter in place > 2 days on the date of event

☐ Removed – Urinary catheter in place > 2 days but removed the day before the date of event

☐ 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: ☐ Symptomatic UTI (SUTI) ☐ Asymptomatic Bacteremic UTI (ABUTI) ☐ Urinary System Infection (USI)

*Specify Criteria Used: (check all that apply)

Signs & Symptoms

Any Patient

☐ Fever
☐ Urgency
☐ Frequency
☐ Dysuria
☐ Pain or tenderness
☐ Abscess
☐ Acute pain, swelling, or tenderness of testes, epididymis, or prostate
☐ Suprapubic tenderness
☐ Costovertebral angle pain or tenderness
☐ Purulent drainage from affected site
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam‡

‡ per specific site criteria

≤ 1 year old

☐ Fever
☐ Hypothermia
☐ Apnea
☐ Bradycardia
☐ Lethargy
☐ Vomiting

Laboratory & Diagnostic Testing

☐ 1 positive culture with no more than 2 species of organisms, at least one of which is a bacterium of ≥ 10^5 CFU/ml
☐ Positive culture
☐ Positive blood culture
☐ 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.

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Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** 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		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**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/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S 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				
_____	*Enterobacter* (specify species) _____	**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/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S 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				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**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/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S 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				

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Pathogen #	Gram-negative Organisms (*continued*)						
_______	*Pseudomonas aeruginosa*	**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		

Pathogen #	Fungal Organisms							
_______	*Candida* (specify species if available) _______	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R 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 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 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 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

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	
_____	____/____/____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments