

Urinary Tract Infection (UTI) for LTCF

*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: ___/___/___
Ethnicity (specify):	Race (specify):
*Date of First Admission to Facility: ___/___/___	
*Date of Current Admission to Facility: ___/___/___	
*Event Type: UTI	
*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 4 weeks? <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	
* <u>Indwelling Urinary Catheter</u> 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	
Event Details	
*Specify Criteria Used: (check all that apply) <div style="text-align: center;"><u>Signs & Symptoms</u></div> <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	<div style="text-align: center;"><u>Laboratory & Diagnostic Testing</u></div> <input type="checkbox"/> Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml <input type="checkbox"/> Leukocytosis ($> 14,000$ cells/mm ³), or Left shift ($> 6\%$ or $1,500$ bands/mm ³) <input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture
<div style="text-align: center;"><u>New and/or marked increase in (check all that apply):</u></div> <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 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)).</small>	
<small>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) r3 v9.2</small>	

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (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</i> spp. (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/CETET 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/CETET 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 pneumoniae</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/CETET 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 oxytoca</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/CETET 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 (continued)									
_____	<i>Pseudomonas aeruginosa</i>	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 #	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	CETET= 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= ceftazidime	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= ceftoxitin	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