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OMB No. 0920-0666
Exp. Date: xx/xxx/xxxx
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Urinary Tract Infection (UTI) for LTCF

*required for saving

*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 *Date of Event: __/__/____

*Resident Care Location: _____

*Primary Resident Service Type: (check one)

☐ Long-term general nursing ☐ Long-term dementia ☐ Long-term psychiatric

☐ Skilled nursing/Short-term rehab (subacute) ☐ Ventilator ☐ Bariatric ☐ Hospice/Palliative

*Has resident been transferred from an acute care facility to your facility in the past 4 weeks? ☐ Yes ☐ No

If Yes, date of last transfer from acute care to your facility: __/__/____

If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? ☐ Yes ☐ No

*Indwelling Urinary Catheter status at time of event onset (check one):

☐ In place ☐ Removed within last 2 calendar days ☐ 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): ☐ Your facility ☐ Acute care hospital ☐ Other ☐ 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? ☐ Yes ☐ No

If Yes, other device type: ☐ Suprapubic ☐ Condom (males only) ☐ Intermittent straight catheter

Event Details

*Specify Criteria Used: (check all that apply)

Signs & Symptoms

☐ 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

☐ Rigors ☐ New onset hypotension

☐ New onset confusion/functional decline

☐ Acute pain, swelling, or tenderness of the testes, epididymis, or prostate

☐ Acute dysuria ☐ Purulent drainage at catheter insertion site

New and/or marked increase in (check all that apply):

☐ Urgency ☐ Costovertebral angle pain or tenderness

☐ Frequency ☐ Suprapubic tenderness

☐ Incontinence ☐ Visible (gross) hematuria

Laboratory & Diagnostic Testing

☐ Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of ≥ 10^5 CFU/ml

☐ Leukocytosis (> 14,000 cells/mm^3), or Left shift (> 6% or 1,500 bands/mm^3)

☐ Positive blood culture with 1 matching organism in urine culture

*Specific Event (Check one):

☐ Symptomatic UTI (SUTI) ☐ Symptomatic CA-UTI (CA-SUTI) ☐ 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

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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/CETET** 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/CETET** 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/CETET** 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 #	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= 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