

## 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-10-PCS or CPT 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 <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module		
*Date Admitted to Facility:	*Location:	
<b>Risk Factors</b>		
*Urinary Catheter status:		
<input type="checkbox"/> In place – Urinary catheter in place > 2 days on the date of event or present for any portion of the calendar day <input type="checkbox"/> Removed – Urinary catheter in place > 2 days and removed the day before the date of event <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): _____		
<b>Event Details</b>		
*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 &amp; Symptoms</u>		
<u>Any Patient</u>	<u>≤ 1 year old</u>	<u>Laboratory &amp; Diagnostic Testing</u>
<input type="checkbox"/> Fever <input type="checkbox"/> Urgency	<input type="checkbox"/> Fever	<input type="checkbox"/> Positive culture with no more than 2 species of organisms, at least one of which is a bacterium of ≥ 10 <sup>5</sup> CFU/ml
<input type="checkbox"/> Frequency <input type="checkbox"/> Dysuria	<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Abscess	<input type="checkbox"/> Apnea	<input type="checkbox"/> Organism(s) identified from fluid or tissue from affected site (excluding urine)
<input type="checkbox"/> Acute pain, swelling, or tenderness of testes, epididymis, or prostate	<input type="checkbox"/> Bradycardia	
<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Organism(s) identified from blood specimen
<input type="checkbox"/> Costovertebral angle pain or tenderness	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Purulent drainage from affected site	<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Imaging test evidence of infection
<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam <sup>‡</sup>		
*Secondary Bloodstream Infection: Yes No		
COVID-19: Yes No If Yes: Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/>		
**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 20 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,</small>		



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

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Pathogen #	Gram-negative Organisms ( <i>continued</i> )									
_____	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN		
		IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN	TOBRA SIRN					
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO S NS N	FLUCO S S-DD R N	FLUCY SIRN	ITRA S S-DD R N	MICA S NS N	VORI S S-DD R N		
Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

### Result Codes

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent  
 N = Not tested**

**<sup>s</sup> GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

**<sup>†</sup> 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= 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