



Urinary Tract Infection (UTI) for LTCF

Page 1 of 4

*required for saving

*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: M
*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)	
<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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Indwelling Urinary Catheter 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: Indicate site where indwelling urinary catheter was 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"/> External drainage (male or female) <input type="checkbox"/> Intermittent straight catheter	

Event Details	
*Specify Criteria Used: (check all that apply) <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"><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; border-bottom: 1px solid black; margin-bottom: 5px;"><u>Laboratory & Diagnostic</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 ($>10,000$ cells/mm ³), or Left shift ($> 6\%$ or 1,500 bands/mm ³) <input type="checkbox"/> Positive blood culture with at least 1 matching organism in urine culture
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"><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): <i>Auto-populated in NHSN application</i> <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	

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 57.140 (Front) v9.5

Urinary Tract Infection (UTI) for LTCF

Page 2 of 4

Pathogen #	Gram-positive Organisms																			
_____	<i>Staphylococcus</i> coagulase-negative <small>(specify species if available):</small>		CEFOX/OX SRN		VANC SIRN															
_____	_____ <i>Enterococcus faecium</i>		DAPTO S S-DD I NS RN		GENTHL ^s SRN		LNZ SIRN		NIT SIRN		VANC SIRN									
_____	_____ <i>Enterococcus faecalis</i>																			
_____	_____ <i>Enterococcus</i> spp. <small>(Only those not identified to the species level)</small>																			
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN		CEFOX/METH/OX SRN		CEFTAR S S-DD I RN		CLIND SIRN		DAPTO SNSN	DOXY/MINO SIRN								
_____			GENT SIRN		LNZ SRN		RIF SIRN		TETRA SIRN		TMZ SIRN	VANC SIRN								
Pathogen #	Gram-negative Organisms																			
_____	<i>Proteus mirabilis</i>		AMP SIRN		AMOX SIRN		CEFUR SIRN		CEFTRX SIRN		CEFIX SIRN		CIPRO SIRN		LEVO SIRN		ERTA/IMI/MERO SIRN			
_____	<i>Acinetobacter</i> <small>(specify species)</small>		AMK SIRN		AMPSUL SIRN		CEFTAZ/CEFOT/CEFTRX SIRN				CEFEP SIRN		CIPRO/LEVO SIRN							
_____	_____		COL/PB SRN		DORI/MERO SIRN		DOXY/ MINO SIRN		GENT SIRN		IMI SIRN		PIPTAZ SIRN		TMZ SIRN		TOBRA SIRN			
_____	<i>Escherichia coli</i>		AMK SIRN		AMP SIRN		AMPSUL/AMXCLV SIRN		AZT SIRN		CEFAZ SIRN		CEFTAZ SIRN		CEFOT/CEFTRX SIRN					
_____			CEFEP S I/S- DDR N		CEFTAVI SRN		CEFUR SIRN		CEFTOTAZ SIRN		CIPRO/LEVO/MOXI SIRN				COL/ PB [†] IRN					
_____			DORI / IMI / MEDRO SIRN				DOXY / MINO / TETRA SIRN				ERTA SIRN		GENT SIRN		IMIREL SIRN		MERVAB SIRN			
_____			NIT SIRN		PIPTAZ SIRN		TIG SIRN		TMZ SIRN		TOBRA SIRN									
_____	<i>Enterobacter</i> <small>(specify species)</small>		AMK SIRN		AZT SIRN		CEFTAZ SIRN		CEFOT/CEFTRX SIRN		CEFEP S I/S-DD R N		CEFTAVI SRN		CEFTOTAZ SIRN					
_____	_____		CIPRO/LEVO/MOXI SIRN				COL/PB [†] IRN		DORI/IMI/MERO SIRN				DOXY/MINO/TETRA SIRN				ERTA SIRN			
_____			IMIREL SIRN		MERVAB SIRN		NIT SIRN		PIPTAZ SIRN		TIG SIRN		TMZ SIRN		TOBRA SIRN					
_____	_____ <i>Klebsiella pneumonia</i>		AMK SIRN		AMPSUL/AMXCLV SIRN				AZT SIRN		CEFAZ SIRN		CEFTAZ SIRN		CEFOT / CEFTRX		CEFEP S I/S-DD R N			
_____	_____ <i>Klebsiella oxytoca</i>		CEFTAVI SRN		CEFTOTAZ SIRN		CIPRO/ LEVO/ MOXI SIRN		COL/PB [†] IRN		DORI/IMI/MERO SIRN				DOXY/MINO/TETRA SIRN					
_____	_____ <i>Klebsiella</i>		GENT SIRN		IMIREL SIRN		MERVAB SIRN		NIT SIRN		PIPTAZ SIRN		TIG SIRN		TMZ SIRN		TOBRA SIRN			

Urinary Tract Infection (UTI) for LTCF

Page 3 of

Pathogen #	Gram-negative Organisms (continued)										
_____	<i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFTAZ SIR N	CEFEP SIR N	CEFTAVI SR N	CEFTOTAZ SIR N	CIPRO/LEVO SIR N			
		COL/PB SIR N	DORI/IMI/MERO SIR N		GENT SIR N	PIPTAZ SIR 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	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	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	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 are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENTHL = gentamicin –high level test	PB = polymyxin B
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMIREL = imipenem/relebactam	RIF = rifampin
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	LEVO = levofloxacin	TETRA = tetracycline
ANID = anidulafungin	CIPRO = ciprofloxacin	LNZ = linezolid	TIG = tigecycline
AZT = aztreonam	CLIND = clindamycin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CASPO = caspofungin	COL = colistin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFAZ= ceftazolin	DAPTO = daptomycin	METH = methicillin	VANC = vancomycin
CEFEP = cefepime	DORI = doripenem	MICA = micafungin	VORI = voriconazole
CEFIX = cefixime	DOXY = doxycycline	MINO = minocycline	
CEFOT = cefotaxime	ERTA = ertapenem	MOXI = moxifloxacin	
CEFOX= cefoxitin	FLUCO = fluconazole	NIT = nitrofurantoin	
CEFTAZ = ceftazidime	GENT = gentamicin	OX = oxacillin	



Urinary Tract Infection (UTI) for LTCF

Page 4 of

Custom Fields

Label		Label	
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Comments