Form Approved
OMB No. 0920-0666
Exp. Date: 06/30/2026
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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: ___/___/____
Sex at Birth: M F Other	Gender Identity (Specify):
*Ethnicity (specify): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined to respond ☐ Unknown	*Race (specify): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Declined to respond ☐ Unknown
*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:

Indicate site where indwelling urinary catheter was 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 ☐ External Drainage (male or female) ☐ 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 (>10,000 cells/mm^3), or Left shift (> 6% or 1,500 bands/mm^3)
- Positive blood culture with at least 1 matching organism in urine culture

*Specific Event (Check one): *Auto-populated in NHSN application*

☐ 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):	**CEFOX/OX** S R N **VANC** S I R N
_____	_____*Enterococcus faecium* _____*Enterococcus faecalis* _____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S S-DD NS R I N **GENTHL**[§] S R N **LNZ** S I R N **NIT** S I R N **VANC** S I R N
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N **CEFOX/METH/OX** S R N **CEFTAR** S S-DD I R N **CLIND** S I R N **DAPTO** S NS N **DOXY/MINO** S I R N **GENT** S I R N **LNZ** S R N **RIF** S I R N **TETRA** S I R N **TMZ** S I R N **VANC** S I R N
Pathogen #	**Gram-negative Organisms**	
_____	*Proteus mirabilis*	**AMP** S I R N **AMOX** S I R N **CEFUR** S I R N **CEFTRX** S I R N **CEFIX** S I R N **CIPRO** S I R N **LEVO** S I R N **ERTA/IMI/MERO** S I R N
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N **AMPSUL** S I R N **CEFTAZ/CEFOT/CEFTRX** S I R N **CEFEP** S I R N **CIPRO/LEVO** S I R N **COL/PB** S R N **DORI/MERO** S I R N **DOXY/ MINO** S I R N **GENT** S I R N **IMI** S I R N **PIPTAZ** 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 **CEFTAZ** S I R N **CEFOT/CEFTRX** S I R N **CEFEP** S I/S-DD R N **CEFTAVI** S R N **CEFUR** S I R N **CEFTOTAZ** S I R N **CIPRO/LEVO/MOXI** S I R N **COL/PB**[†] I R N **DORI / IMI / MEDRO** S I R N **DOXY / MINO / TETRA** S I R N **ERTA** S I R N **GENT** S I R N **IMIREL** S I R N **MERVAB** S I R N **NIT** S I R N **PIPTAZ** 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 **AZT** S I R N **CEFTAZ** S I R N **CEFOT/CEFTRX** S I R N **CEFEP** S I/S-DD R N **CEFTAVI** S R N **CEFTOTAZ** S I R N **CIPRO/LEVO/MOXI** S I R N **COL/PB**[†] I R N **DORI/IMI/MERO** S I R N **DOXY/MINO/TETRA** S I R N **ERTA** S I R N **IMIREL** S I R N **MERVAB** S I R N **NIT** S I R N **PIPTAZ** S I R N **TIG** S I R N **TMZ** S I R N **TOBRA** S I R N **CEFTAVI** S R N **CEFTOTAZ** S I R N **CIPRO/LEVO/MOXI** S I R N **COL/PB**[†] I R N **DORI/IMI/MERO** S I R N **DOXY/MINO/TETRA** S I R N **GENT** S I R N **IMIREL** S I R N **MERVAB** S I R N **NIT** S I R N **PIPTAZ** S I R N **TIG** S I R N **TMZ** S I R N **TOBRA** S I R N

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NATIONAL HEALTHCARE SAFETY NETWORK

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Pathogen #	Gram-negative Organisms (*continued*)							
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFTAZ** S I R N	**CEFEP** S I R N	**CEFTAVI** S R N	**CEFTOTAZ** S I R N	**CIPRO/LEVO** S I R N
		COL/PB S I R N	**DORI/IMI/MERO** S I R N		**GENT** S I R N	**PIPTAZ** 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 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= cefazolin	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	

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Custom Fields	
Label	Label

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_____	____/____/____	_____	____/____/_____
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Comments