

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): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown	*Race (specify): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to respond <input type="checkbox"/> 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)	
<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	
*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) <u>Signs & Symptoms</u> <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 <u>New and/or marked increase in (check all that apply):</u> <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	<u>Laboratory & Diagnostic Testing</u> <ul style="list-style-type: none"> • 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 • Leukocytosis ($>10,000$ cells/mm³), or Left shift ($> 6\%$ or 1,500 bands/mm³) • Positive blood culture with at least 1 matching organism in urine culture
*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	
<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 35 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</small>	

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) v12.0

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Pathogen #	Gram-positive Organisms											
_____	<i>Staphylococcus</i> coagulase-negative		CEFOX/OX SRN			VANC SIRN						
	(specify species if available):											
_____	_____ <i>Enterococcus faecium</i>		DAPTO SS-DDNSRIN			GENTHL ^S SRN		LNZ SIRN	NIT 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		CEFOX/METH/OX SRN		CEFTAR SS-DDIRN		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> (specify species)		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-DD RN	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> (specify species)		AMK SIRN	AZT SIRN	CEFTAZ SIRN	CEFOT/CEFTRX SIRN		CEFEP S I/S-DD RN	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			
			CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/ LEVO/ MOXI SIRN	COL/PB [†] IRN	DORI/IMI/MERO SIRN		DOXY/MINO/TETRA SIRN			
			GENT SIRN	IMIREL SIRN	MERVA B SIRN	NIT SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN		

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Pathogen #	Gram-negative Organisms (continued)									
_____	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFTAZ SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN		
		COL/PB SIRN	DORI/IMI/MERO SIRN		GENT SIRN	PIPTAZ SIRN				
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

[§] **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 = ceftaxime	FLUCO = fluconazole	NIT = nitrofurantoin	
CEFTAZ = ceftazidime	GENT = gentamicin	OX = oxacillin	

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Custom Fields	
Label	Label

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Comments

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