

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:	
Sex at Birth: F M Unknown	Gender Identity (Specify): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown	
Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Specify): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond	
Language: (Select all that apply)	Interpreter needed: Yes No	
*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 not in-plan for Infection Surveillance in the MDRO/CDI Module		
*Date Admitted to Facility:	*Location:	
Risk Factors		
*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): _____		
Neurogenic bladder due to a spinal cord injury: Yes No		
Event Details		
*Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI)		
*Specify Criteria Used: (check all that apply) Signs & Symptoms		
Any Patient	≤ 1 year old	Laboratory & Diagnostic Testing
<input type="checkbox"/> Fever	<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 ⁵ CFU/ml
<input type="checkbox"/> Urgency	<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> Frequency	<input type="checkbox"/> Dysuria	
	<input type="checkbox"/> Apnea	

<input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Costovertebral angle pain or tenderness	<input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Vomiting <input type="checkbox"/> Suprapubic tenderness	<hr/> <input type="checkbox"/> Organism(s) identified from blood specimen
*Secondary Bloodstream Infection: Yes No		*COVID-19: Yes No
**Died: Yes No	UTI Contributed to Death: Yes No	
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-4.	
<p><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></p> <p><small>Public reporting burden of this collection of information is estimated to average 24 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.114 (Front) Rev 12, v8.8</small></p>		

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Pathogen #	Gram-positive Organisms							
	<i>Staphylococcus coagulase-negative</i> (specify species if available):	CEFOX/OX SRN	VANC SIRN					
	___ <i>Enterococcus faecium</i> ___ <i>Enterococcus faecalis</i> ___ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S I/S-DD NS R N	GENTHL[®] SRN	LNZ SIRN	VANC SIRN			
	<i>Staphylococcus aureus</i>	CEFOX/METH/OX SRN	CEFTAR S S-DD I R N	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENT SIRN
		LNZ SRN	RIF SIRN	TETRA SIRN	TMZ SIRN	VANC SIRN		
Pathogen #	Gram-negative Organisms							
	<i>Acinetobacter</i> (specify species) _____	AMK SIRN	AMPSU L SIRN	CEFE P SIRN	CEFTAZ/CEFOT/ CEFTRX 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	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN
		CEFTA VI SRN	CEFT AZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO/ MOXI SIRN	COL/ PB[†] IRN	DORI/IMI/ MERO SIRN	DOXY/MINO/ TETRA SIRN
		ERTA SIRN	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN
		TOBRA SIRN						
	<i>Enterobacter</i> (specify species) _____	AMK SIRN	AZT SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	CEFTA VI SRN	CEFTA Z SIRN	CEFTOTA Z SIRN
		CIPRO/LEVO/ MOXI SIRN	COL/ PB[†] IRN	DORI/IMI/ MERO SIRN	DOXY/MINO/ TETRA SIRN	ERTA SIRN	GENT SIRN	IMIREL SIRN
		MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN	CEFEP S I/S-DD R N	
Pathogen #	Gram-negative Organisms (continued)							
	___ <i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/ AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	CEFTAV I SRN
	___ <i>Klebsiella oxytoca</i>	CEFTA Z SIRN	CEFTOTAZ SIRN	CIPRO/LEVO/ MOXI SIRN	COL/PB[†] IRN	DORI/IMI/ MERO SIRN	DOXY/MINO/ TETRA SIRN	ERTA SIRN
	___ <i>Klebsiella aerogenes</i>	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTAZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN
		COL/PB SIRN	DORI/IMI/MERO SIRN	GENT SIRN	PIPTAZ SIRN	TOBRA SIRN		

Pathogen #	Fungal Organisms										
	<i>Candida</i> (specify species if available) _____	ANID S I R N	CASPO S I R N	FLUCO S S-DD R N	MICA S I R N	VORI S I R N					
Pathogen #	Other Organisms										
	Organism 1 (specify) _____	Drug 1 S I R N	Drug2 S I R N	Drug3 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	Drug2 S I R N	Drug3 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	Drug2 S I R N	Drug3 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	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ = ceftazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX = cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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