

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): Gender Identity (Specify): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
*Ethnicity (Specify): Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	*Race (Specify): Race (Select all that apply): 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
Preferred Language: (Specify)	Interpreter Needed: (Specify) Yes No 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)	
<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	
* <u>Indwelling Urinary Catheter</u> 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)	
<p style="text-align: center;"><u>Signs & Symptoms</u></p> <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	<p style="text-align: center;"><u>Laboratory & Diagnostic Testing</u></p> <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)

<input type="checkbox"/> Acute dysuria <input type="checkbox"/> Purulent drainage at catheter insertion site		<ul style="list-style-type: none"> • Positive blood culture with at least 1 matching organism in urine culture
<p><u>New and/or marked increase in (check all that apply):</u></p> <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		
<p>*Specific Event (Check one): <i>Auto-populated in NHSN application</i></p> <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 3		
<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)). Public reporting burden of this collection of information is estimated to average 38 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) v13.0</small></p>		

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Pathogen #	Gram-positive Organisms												
_____	<i>Staphylococcus</i> coagulase-negative (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 S-DD NSRIN		GENTHL [§] SRN		LNZ SIRN		NIT SIRN		VANC SIRN		
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN		CEFOX/METH/OX SRN		CEFTAR S S-DD IRN		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			
_____	<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	MERVAB 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				
_____	___ <i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	CEFTAVI SRN		
	___ <i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFTOTAZ SIRN	CEFUR SIRN	CIPRO/ LEVO/MOXI SIRN	COL/PB [†] IRN	DORI/IMI/MERO SIRN	DOXY/MINO/ TETRA SIRN		
	___ <i>Klebsiella aerogenes</i>	ERTA SIRN	GENT SIRN	IMIREL SIRN	MERVA B SIRN	NITRO SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA 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 = ceftazidime	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 = ceftiofuran	FLUCO = fluconazole	NIT = nitrofurantoin	
CEFTAZ = ceftazidime	GENT = gentamicin	OX = oxacillin	

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Custom Fields			
Label _____ / ____ / ____ _____ _____ _____ _____ _____	Label _____ / ____ / ____ _____ _____ _____ _____ _____		

Comments