

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:	
* Sex: F M		*Date of Birth: __/__/__	
*Ethnicity (specify): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined to respond ☐ Unknown		*Race (specify): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Middle Eastern or North African ☐ 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, <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? ☐ 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)		<u>Laboratory & Diagnostic Testing</u> - 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	
<u>Signs & Symptoms</u> ☐ 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 ☐ 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			
<u>New and/or marked increase in (check all that apply):</u> ☐ Urgency ☐ Costovertebral angle pain or tenderness ☐ Frequency ☐ Suprapubic tenderness ☐ Incontinence ☐ Visible (gross) hematuria			
*Specific Event (Check one): <i>Auto-populated in NHSN application</i>			
☐ 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 3	
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 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 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 January 2025			

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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 NS RIN		GENTHL [§] SRN		LNZ SIRN		NIT SIRN		VANC SIRN							
	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN		CEFOX/METH/OX SRN		CEFTAR S S-DD I R N		CLIND SIRN		DAPTO S NS N		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 R 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> (specify species) _____		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					
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 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					
_____	_____ <i>Klebsiella pneumoniae</i>	AMK S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	CEFTAVI S R N		
	_____ <i>Klebsiella oxytoca</i>	CEFTAZ S I 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		
	_____ <i>Klebsiella aerogenes</i>	GENT S I R N	IMIREL S I R N	MERVAB S I R N	PIPTAZ S I R N	TIG S I R N	TMZ S I R N	TOBRA 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 = 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 = ceftiofloxacin	FLUCO = fluconazole	NIT = nitrofurantoin	
CEFTAZ = ceftazidime	GENT = gentamicin	OX = oxacillin	

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