

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:		
Ethnicity (Specify):	Race (Specify):		
*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): _____			
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			
<u>Any Patient</u> <input type="checkbox"/> Fever <input type="checkbox"/> Urgency <input type="checkbox"/> Frequency <input type="checkbox"/> Dysuria <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Costovertebral angle pain or tenderness		<u>≤ 1 year old</u> <input type="checkbox"/> Fever <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Vomiting <input type="checkbox"/> Suprapubic tenderness	
		<u>Laboratory & Diagnostic Testing</u> <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"/> Organism(s) identified from blood specimen	
*Secondary Bloodstream Infection: Yes No		COVID-19: Yes No If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	
**Died: Yes No		UTI Contributed to Death: Yes No	
Discharge Date:		*Pathogens Identified: Yes No *If Yes, specify on pages 2-4.	
<p>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)).</p> <p>Public reporting burden of this collection of information is estimated to average 20 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 57.114 (Front) Rev 12, v8.8</p>			

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Pathogen #	Gram-positive Organisms								
	<i>Staphylococcus coagulase-negative</i> (specify species if available):	CEFOX/OX S R N	VANC S I R N						
	____ <i>Enterococcus faecium</i> ____ <i>Enterococcus faecalis</i> ____ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S S-DD N S R N	GENTHL^s S R N	LNZ S I R N	VANC S I R N				
	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI S I R N	CEFOX/METH/OX S R N	CEFTAR S S-DD I R	CLIND S I R N	DAPTO S N S 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								
	<i>Acinetobacter</i> (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		
	<i>Escherichia coli</i>	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	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	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	
	<i>Enterobacter</i> (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	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 #	Gram-negative Organisms (continued)								
	____ <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	CEFTAZ S I R N	CEFOT/CEFTRX S I R N	CEFEP S I/S-DD R N	
	____ <i>Klebsiella oxytoca</i>	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	
	____ <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	
	<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	TOBRA S I R N			

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

<u>Drug Codes:</u>			
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= cefazolin	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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Comments			