

Urinary Tract Infection (UTI)

* required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*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-9-CM Procedure Code:
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module <input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDAD Module	
*Date Admitted to Facility:	*Location:
Risk Factors	
*Urinary Catheter status at time of specimen collection:	
<input type="checkbox"/> In place <input type="checkbox"/> Removed within 48 hours prior <input type="checkbox"/> Not in place nor within 48 hours prior	
Location of Device Insertion: _____ Date of Device Insertion: ___/___/_____	
Event Details	
*Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Other UTI (OUTI)	
*Specify Criteria Used: (check all that apply)	
<u>Signs & Symptoms</u>	
<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 <input type="checkbox"/> Abscess <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Purulent drainage or material <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests‡	<u>≤1 year old</u> <input type="checkbox"/> Fever <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Dysuria <input type="checkbox"/> Lethargy <input type="checkbox"/> Vomiting
<u>Laboratory & Diagnostic Testing</u> <input type="checkbox"/> 1 positive culture with ≥10 ⁵ CFU/ml with no more than 2 species of microorganisms <input type="checkbox"/> Positive dipstick for leukocyte esterase or nitrite <input type="checkbox"/> Pyuria <input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine <input type="checkbox"/> 1 positive culture with ≥10 ³ CFU/ml and < 10 ⁵ CFU/ml with no more than 2 species of microorganisms <input type="checkbox"/> Positive culture <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Radiographic evidence of infection ‡per specific site criteria	
*Secondary Bloodstream Infection: Yes No	
** Died: Yes No	UTI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on page 2
<small>Assurance of Confidentiality: The 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 30 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. 3, NHSN ver. 4.1</small>	

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Pathogen #	Gram positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N										
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N						
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N					
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ 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 2 (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 3 (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		

AMP = ampicillin CEFTAZ = ceftazidime ERYTH=erythromycin MERO = meropenem QUIDAL= quinupristin/dalfopristin
 AMPSUL= ampicillin/sulbactam CEFTRX = ceftriaxone GENT=gentamicin OX = oxacillin RIF = rifampin
 CEFEP = cefepime CIPRO = ciprofloxacin IMI = imipenem PENG = penicillin G TMZ =trimethoprim/sulfamethoxazole
 CLIND = clindamycin LEVO = levofloxacin PIP = piperacillin TOBRA = tobramycin
 VANC = vancomycin

Result Codes:

S = Susceptible I = Intermediate R = Resistant N = not tested

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Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments