

## Urinary Tract infection (UTI)

|   |   |  |
|---|---|--|
| 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-9-CM 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<br><input type="checkbox"/> No, this infection's pathogen & location are <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module  |   |  |
| *Date Admitted to Facility:   | *Location:  |  |
| <b>Risk Factors</b>   |   |  |
| *Urinary Catheter status:   |   |  |
| <input type="checkbox"/> In place – Urinary catheter in place > 2 days on the date of event <input type="checkbox"/> Removed – Urinary catheter in place > 2 days but 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): _____  |   |  |
| <b>Event Details</b>  |   |  |
| *Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Urinary System Infection (USI)   |   |  |
| *Specify Criteria Used: (check all that apply)  |   |  |
| <u>Signs &amp; Symptoms</u>   |   |  |
| <u>Any Patient</u>  | <u>≤ 1 year old</u>   | <u>Laboratory &amp; Diagnostic Testing</u>   |
| <input type="checkbox"/> Fever  | <input type="checkbox"/> Urgency                                | <input type="checkbox"/> 1 positive culture with no more than 2 species of organisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml |
| <input type="checkbox"/> Frequency  | <input type="checkbox"/> Dysuria                                | <input type="checkbox"/> Positive culture  |
| <input type="checkbox"/> Pain or tenderness   | <input type="checkbox"/> Abscess                                | <input type="checkbox"/> Positive blood culture  |
| <input type="checkbox"/> Acute pain, swelling, or tenderness of testes, epididymis, or prostate   | <input type="checkbox"/> Bradycardia                            | <input type="checkbox"/> Imaging test evidence of infection  |
| <input type="checkbox"/> Suprapubic tenderness  | <input type="checkbox"/> Lethargy                               |  |
| <input type="checkbox"/> Costovertebral angle pain or tenderness  | <input type="checkbox"/> Vomiting                               |  |
| <input type="checkbox"/> Purulent drainage from affected site   |   |  |
| <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam <sup>‡</sup>   |   |  |
| <sup>‡</sup> 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 pages 2-4. |  |
| <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 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 9, v8.3.1</small> |   |  |

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| Pathogen # | Gram-positive Organisms  |                         |                |                            |                         |                |                            |                      |  |  |
|------------|--|-------------------------|----------------|----------------------------|-------------------------|----------------|----------------------------|----------------------|--|--|
| _____      | <i>Staphylococcus coagulase-negative</i><br>(specify species if available):        |                         | VANC<br>SIRN   |                            |                         |                |                            |                      |  |  |
| _____      | _____ <i>Enterococcus faecium</i>  |                         | DAPTO<br>SNSN  | GENTHL <sup>§</sup><br>SRN | LNZ<br>SIRN             | VANC<br>SIRN   |                            |                      |  |  |
| _____      | _____ <i>Enterococcus faecalis</i>   |                         |                |                            |                         |                |                            |                      |  |  |
| _____      | _____ <i>Enterococcus spp.</i><br>(Only those not identified to the species level) |                         |                |                            |                         |                |                            |                      |  |  |
| _____      | <i>Staphylococcus aureus</i>   | CIPRO/LEVO/MOXI<br>SIRN | CLIND<br>SIRN  | DAPTO<br>SNSN              | DOXY/MINO<br>SIRN       | ERYTH<br>SIRN  | GENT<br>SIRN               | LNZ<br>SRN           |  |  |
|            |  | OX/CEFOX/METH<br>SIRN   | RIF<br>SIRN    | TETRA<br>SIRN              | TIG<br>SNSN             | TMZ<br>SIRN    | VANC<br>SIRN               |                      |  |  |
| Pathogen # | Gram-negative Organisms  |                         |                |                            |                         |                |                            |                      |  |  |
| _____      | <i>Acinetobacter</i><br>(specify species)  | AMK<br>SIRN             | AMPSUL<br>SIRN | AZT<br>SIRN                | CEFEP<br>SIRN           | CEFTAZ<br>SIRN | CIPRO/LEVO<br>SIRN         | COL/PB<br>SIRN       |  |  |
| _____      |  | GENT<br>SIRN            | IMI<br>SIRN    | MERO/DORI<br>SIRN          | PIP/PIPTAZ<br>SIRN      |                | TETRA/DOXY/MINO<br>SIRN    |                      |  |  |
| _____      |  | TMZ<br>SIRN             | TOBRA<br>SIRN  |                            |                         |                |                            |                      |  |  |
| _____      | <i>Escherichia coli</i>  | AMK<br>SIRN             | AMP<br>SIRN    | AMPSUL/AMXCLV<br>SIRN      | AZT<br>SIRN             | CEFAZ<br>SIRN  | CEFEP<br>S I/S-DDRN        | CEFOT/CEFTRX<br>SIRN |  |  |
| _____      |  | CEFTAZ<br>SIRN          | CEFUR<br>SIRN  | CEFOX/CTET<br>SIRN         | CIPRO/LEVO/MOXI<br>SIRN |                | COL/PB <sup>†</sup><br>SRN |                      |  |  |
| _____      |  | ERTA<br>SIRN            | GENT<br>SIRN   | IMI<br>SIRN                | MERO/DORI<br>SIRN       | PIPTAZ<br>SIRN | TETRA/DOXY/MINO<br>SIRN    |                      |  |  |
| _____      |  | TIG<br>SIRN             | TMZ<br>SIRN    | TOBRA<br>SIRN              |                         |                |                            |                      |  |  |
| _____      | <i>Enterobacter</i><br>(specify species)   | AMK<br>SIRN             | AMP<br>SIRN    | AMPSUL/AMXCLV<br>SIRN      | AZT<br>SIRN             | CEFAZ<br>SIRN  | CEFEP<br>S I/S-DDRN        | CEFOT/CEFTRX<br>SIRN |  |  |
| _____      |  | CEFTAZ<br>SIRN          | CEFUR<br>SIRN  | CEFOX/CTET<br>SIRN         | CIPRO/LEVO/MOXI<br>SIRN |                | COL/PB <sup>†</sup><br>SRN |                      |  |  |
| _____      |  | ERTA<br>SIRN            | GENT<br>SIRN   | IMI<br>SIRN                | MERO/DORI<br>SIRN       | PIPTAZ<br>SIRN | TETRA/DOXY/MINO<br>SIRN    |                      |  |  |
| _____      |  | TIG<br>SIRN             | TMZ<br>SIRN    | TOBRA<br>SIRN              |                         |                |                            |                      |  |  |
| _____      | _____ <i>Klebsiella pneumonia</i>  | AMK<br>SIRN             | AMP<br>SIRN    | AMPSUL/AMXCLV<br>SIRN      | AZT<br>SIRN             | CEFAZ<br>SIRN  | CEFEP<br>S I/S-DDRN        | CEFOT/CEFTRX<br>SIRN |  |  |
| _____      | _____ <i>Klebsiella oxytoca</i>  | CEFTAZ<br>SIRN          | CEFUR<br>SIRN  | CEFOX/CTET<br>SIRN         | CIPRO/LEVO/MOXI<br>SIRN |                | COL/PB <sup>†</sup><br>SRN |                      |  |  |
| _____      |  | ERTA<br>SIRN            | GENT<br>SIRN   | IMI<br>SIRN                | MERO/DORI<br>SIRN       | PIPTAZ<br>SIRN | TETRA/DOXY/MINO<br>SIRN    |                      |  |  |
| _____      |  | TIG<br>SIRN             | TMZ<br>SIRN    | TOBRA<br>SIRN              |                         |                |                            |                      |  |  |

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| Pathogen # | Gram-negative Organisms (continued)              |                |                   |                    |                |                    |                |                 |                |                |
|------------|--|----------------|-------------------|--------------------|----------------|--------------------|----------------|-----------------|----------------|----------------|
| _____      | <i>Pseudomonas aeruginosa</i>                    | AMK<br>SIRN    | AZT<br>SIRN       | CEFEP<br>SIRN      | CEFTAZ<br>SIRN | CIPRO/LEVO<br>SIRN | COL/PB<br>SIRN | GENT<br>SIRN    |                |                |
|            |  | IMI<br>SIRN    | MERO/DORI<br>SIRN | PIP/PIPTAZ<br>SIRN | TOBRA<br>SIRN  |                    |                |                 |                |                |
| Pathogen # | Fungal Organisms                                 |                |                   |                    |                |                    |                |                 |                |                |
| _____      | <i>Candida</i><br>(specify species if available) | ANID<br>SIRN   | CASPO<br>SNSN     | FLUCO<br>SS-DDRN   | FLUCY<br>SIRN  | ITRA<br>SS-DDRN    | MICA<br>SNSN   | VORI<br>SS-DDRN |                |                |
| Pathogen # | Other Organisms                                  |                |                   |                    |                |                    |                |                 |                |                |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIRN | Drug 2<br>SIRN    | Drug 3<br>SIRN     | Drug 4<br>SIRN | Drug 5<br>SIRN     | Drug 6<br>SIRN | Drug 7<br>SIRN  | Drug 8<br>SIRN | Drug 9<br>SIRN |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIRN | Drug 2<br>SIRN    | Drug 3<br>SIRN     | Drug 4<br>SIRN | Drug 5<br>SIRN     | Drug 6<br>SIRN | Drug 7<br>SIRN  | Drug 8<br>SIRN | Drug 9<br>SIRN |
| _____      | Organism 1<br>(specify)                          | Drug 1<br>SIRN | Drug 2<br>SIRN    | Drug 3<br>SIRN     | Drug 4<br>SIRN | Drug 5<br>SIRN     | Drug 6<br>SIRN | Drug 7<br>SIRN  | Drug 8<br>SIRN | Drug 9<br>SIRN |

### Result Codes

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent  
 N = Not tested**

<sup>s</sup> **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

<sup>†</sup> **Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

### Drug Codes:

|                                      |                       |                                      |                                     |
|--------------------------------------|-----------------------|--------------------------------------|-------------------------------------|
| AMK = amikacin                       | CEFTRX = ceftriaxone  | FLUCY = flucytosine                  | OX = oxacillin                      |
| AMP = ampicillin                     | CEFUR= cefuroxime     | GENT = gentamicin                    | PB = polymyxin B                    |
| AMPSUL = ampicillin/sulbactam        | CTET= cefotetan       | GENTHL = gentamicin –high level test | PIP = piperacillin                  |
| AMXCLV = amoxicillin/clavulanic acid | CIPRO = ciprofloxacin | IMI = imipenem                       | PIPTAZ = piperacillin/tazobactam    |
| ANID = anidulafungin                 | CLIND = clindamycin   | ITRA = itraconazole                  | RIF = rifampin                      |
| AZT = aztreonam                      | COL = colistin        | LEVO = levofloxacin                  | TETRA = tetracycline                |
| CASPO = caspofungin                  | DAPTO = daptomycin    | LNZ = linezolid                      | TIG = tigecycline                   |
| CEFAZ= ceftazidime                   | DORI = doripenem      | MERO = meropenem                     | TMZ = trimethoprim/sulfamethoxazole |
| CEFEP = cefepime                     | DOXY = doxycycline    | METH = methicillin                   | TOBRA = tobramycin                  |
| CEFOT = cefotaxime                   | ERTA = ertapenem      | MICA = micafungin                    | VANC = vancomycin                   |
| CEFOX= cefoxitin                     | ERYTH = erythromycin  | MINO = minocycline                   | VORI = voriconazole                 |
| CEFTAZ = ceftazidime                 | FLUCO = fluconazole   | MOXI = moxifloxacin                  |                                     |

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### Custom Fields

| Label |                | Label |                |
|-------|----------------|-------|----------------|
| _____ | ____/____/____ | _____ | ____/____/____ |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |
| _____ | _____          | _____ | _____          |

### Comments