

Urinary Tract Infection (UTI) for LTCF

*Facility ID:		Event #:	
*Resident ID:		Social Security #:	
*Medicare number (or comparable railroad insurance number):			
Patient Name, Last:		First:	Middle:
*Gender:	F M		*Date of Birth:
*Resident type: Short-stay (<90 days)		Long-stay (>90 days)	
*Date of Original Admission to Facility:			
Ethnicity (specify):		Race (specify):	
*Event Type: UTI		*Date of Event:	
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDI Module <input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDI Module			
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 Other			
*Has resident been transferred to an acute care facility in the past 3 months? Yes No If Yes, <u>date of last transfer</u> from acute care to your facility: _____			
*Urinary Catheter status at time of specimen collection: In place Removed within 48 hours prior Not in place nor within 48 hours prior			
*Site where Device Inserted (Check one): Your facility Acute care Community/Clinic Other (specify) Date of Device Insertion: _____ Date of last catheter change: _____			
Event Details			
*Specific Event: Symptomatic UTI (SUTI)		Other UTI (OUTI)	
*Specify Criteria Used: (check all that apply) <u>Signs & Symptoms</u> Fever ($\geq 37.8^{\circ}\text{C}$ [$>100^{\circ}\text{F}$] on one occasion, or $> 37.2^{\circ}\text{C}$ [$> 99^{\circ}\text{F}$] on repeated occasions) Urgency Frequency Dysuria New Flank/suprapubic pain/tenderness Costovertebral angle pain or tenderness Rigors Change in urine character New onset confusion / functional decline Abscess Pain or tenderness Purulent drainage or material Other evidence of infection found on direct exam, during surgery, or by diagnostic tests \ddagger		<u>Laboratory & Diagnostic Testing</u> 1 positive culture with $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms Positive dipstick for leukocyte esterase or nitrite Pyuria Microscopic Hematuria Microorganisms seen on Gram stain of unspun urine 1 positive culture with $\geq 10^3$ CFU/ml and $< 10^5$ CFU/ml with no more than 2 species of microorganisms Positive culture Positive blood culture Radiographic evidence of infection	
Secondary Bloodstream Infection: Yes No			
*Transfer to acute care facility: Yes No If yes, date of transfer:		Died: Yes No	UTI Contributed to Death: Yes No
*Pathogens Identified: Yes No		*If Yes, specify on page 2	

Urinary Tract Infection (UTI)

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

Drug Codes:

AMK = amikacin
AMP = ampicillin
AMPSUL = ampicillin/sulbactam
CEFEP = cefepime

CEFOT = cefotaxime
CEFTAZ = ceftazidime
CEFTRX = ceftriaxone
CIPRO = ciprofloxacin
CLIND = clindamycin

DAPTO = daptomycin
ERYTH = erythromycin
GENT = gentamicin
IMI = imipenem
LEVO = levofloxacin

LNZ = linezolid
MERO = meropenem
OX = oxacillin
PENG = penicillin G
PIP = piperacillin

PIPTAZ = piperacillin/tazobactam
QUIDAL = quinupristin/dalfopristin
RIF = rifampin
TMZ = trimethoprim/sulfamethoxazole
TOBRA = tobramycin
VANC = vancomycin

Result Codes:

S = Susceptible

I = Intermediate

R = Resistant

N = not tested

Urinary Tract Infection (UTI) for LTCF

Risk Factors

Diabetes Mellitus

Poor Nutritional Status

Creatinine Values >2

Uretal stent present

Urine output monitored regularly

Drainage tube present below bladder level and above collection bag

Documented order for catheter use

Urology service involved

Comments