

Surveillance date	mm	yyyy
Facility name : -----	Code -----	

Urinary Tract Infection (UTI)

Patient Information	
Patient ID:	File Number:
Patient Name:	Nationality: <input type="checkbox"/> K <input type="checkbox"/> NK
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: ____/____/____ (dd/ mm/ yyyy)
Date Admitted to Facility: ____/____/____ (dd/ mm/ yyyy)	Location : _____ Location Code: _____
Event Type: UTI	Date of Event: : ____/____/____ (dd/ mm/ yyyy)
Post-procedure UTI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Procedure: : ____/____/____ (dd/ mm/ yyyy)
Procedure Name:	NHSN Procedure Category Name: _____ KNHSS Procedure Category 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	
Risk Factors	
Urinary Catheter Status: <input type="checkbox"/> INPLACE: Urinary catheter in place > 2 days on date of event and present for the entire day or part of the day on the date of event (CAUTI) <input type="checkbox"/> REMOVED: Urinary catheter in place >2 days on date of event but removed the day before the date of event (CAUTI) <input type="checkbox"/> NEITHER- Not catheter associated- Neither in place nor removed NICU(level II/III and level III) Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Birth Weight: <input type="checkbox"/> ≤750 gms <input type="checkbox"/> 751-1000 gms <input type="checkbox"/> 1001-1500 gms <input type="checkbox"/> 1501-2500 gms <input type="checkbox"/> >2500 gms	Location of Device Insertion: _____ Location Code of Device Insertion: _____ Date of Device Insertion: __/__/__ Date of Removal: __/__/__ Date of Reinsertion: : __/__/__ Date of Removal: __/__/__ Date of Reinsertion: : __/__/__ Date of Removal: __/__/__
Event Details	
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:	
<u>Signs & Symptoms (check all that apply)</u> Any patient <input type="checkbox"/> Fever (>38.0°C) <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Localized pain or tenderness <input type="checkbox"/> Acute pain, swelling, or tenderness of testes, epididymis, or prostate <input type="checkbox"/> Abscess <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Costovertebral angle pain/tenderness <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 per specific site criteria	<u>Laboratory and diagnostic testing (check all that apply)</u> <input type="checkbox"/> Positive urine culture with ≥10 ⁵ CFU/ml with no more than 2 species of bacteria <input type="checkbox"/> Positive culture of fluid or tissue from affected site <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Imaging test evidence of infection (USG/CT/MRI/Isotope)
≤1 year old <input type="checkbox"/> Fever(>38.0°C) <input type="checkbox"/> Hypothermia (< 36.0°C) <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Vomiting <input type="checkbox"/> Suprapubic tenderness	Pathogen(s) Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, specify pathogen(s) -Number of pathogens _____ -Pathogen(s) code(s): _____ -MDRO <input type="checkbox"/> Yes <input type="checkbox"/> No -MDRO pathogen(s) code(s) _____
MDRO1: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp MDRO2: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp MDRO3: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp	
Secondary BSI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Died during current hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Died; UTI Contributed to Death: <input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge/Death Date ____/____/____ (dd/ mm/ yyyy)	
Doctor's Signature -----	Nurse's Signature-----