

LTC UTI Infection Worksheet
(CDC-NHSN)

SUTI CA-SUTI ABUTI

Resident Name/MR #	SS#	Date of Birth	Resident Location (hall/room #)
Date specimen collected: <input type="checkbox"/> ≤ 2 calendar days = Community-Onset (CO) <input type="checkbox"/> > 2 calendar days = Long-term Care Facility Onset (LO)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay Date of 1 st admission to facility: __/__/____ Date of current admission to facility: __/__/____
Primary Resident Service Type: <input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative <input type="checkbox"/> Ventilator		Has resident been transferred from an acute care facility to your facility in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, date of last transfer from acute care to your facility: __/__/____ *If Yes, did the resident have an indwelling catheter at the time of transfer to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indwelling Urinary Catheter status at time of event onset: <input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place		If urinary catheter in place or removed within last 2 calendar days: Site where inserted: <input type="checkbox"/> Your facility <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> Unknown Date of urinary catheter insertion: __/__/____	
If urinary catheter NOT in place, was another urinary device type present at the time of event onset? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, other device type: <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom (males only) <input type="checkbox"/> Intermittent straight catheter		Transfer to acute care facility within 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Event (date of 1st S&S or date of specimen)		Person completing form	

Laboratory Testing -- If NO culture, STOP (does not meet UTI surveillance definitions)	
Date of culture __/__/____ Organism(s)	MUST HAVE a positive urine culture with 1 of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Clean catch voided urine; ≥ 10⁵ (100,000) CFU/ml of no more than 2 species of microorganisms <input type="checkbox"/> In/out straight catheter; ≥ 10² (100) CFU/ml of any microorganism(s) <input type="checkbox"/> Indwelling catheter; ≥ 10⁵ (100,000) CFU/ml of any microorganism(s) <div style="border: 1px solid black; background-color: black; color: white; padding: 5px; text-align: center; width: fit-content; margin-left: auto;"> Attach culture report with drug sensitivities </div>
NOTE: Yeast and other microorganisms, which are NOT bacteria, are NOT acceptable UTI pathogens. "Mixed flora" is NOT considered an organism.	

Type of Infection	Signs and Symptoms	Comments
<p>Resident WITHOUT an indwelling catheter</p> <p><input type="checkbox"/> Symptomatic Urinary Tract Infection (SUTI)</p> <p>___ Criteria 1a</p> <p>___ Criteria 2a</p> <p>___ Criteria 3a</p>	<p>Criteria 1a</p> <p>___ MUST HAVE 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute dysuria <input type="checkbox"/> Acute pain, swelling or tenderness of the testes, epididymis or prostate <p>Criteria 2a</p> <p>___ MUST HAVE 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <p>___ MUST HAVE 1 or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> New or marked increase in suprapubic tenderness <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency <p>Criteria 3a</p> <p>___ MUST HAVE 2 or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> New or marked increase in suprapubic tenderness <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency 	<p>Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g.; pneumonia)</p> <p style="text-align: center;">Fever*</p> <ul style="list-style-type: none"> • Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) OR • $>37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions OR • An increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline <p style="text-align: center;">Leukocytosis*</p> <ul style="list-style-type: none"> • $>14,000$ cells/mm³ OR • Left shift ($>6\%$ or 1,500 bands/mm³)

Type of Infection	Signs and Symptoms	Comments
<p>Resident WITH an indwelling catheter in place or removed within the 2 calendar days prior to event onset</p> <p><input type="checkbox"/> Catheter Associated-SUTI (CA-SUTI)</p>	<p>___ MUST HAVE 1 or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Rigors <input type="checkbox"/> New onset hypotension, with no alternate noninfectious cause <input type="checkbox"/> New onset confusion/functional decline AND leukocytosis* <input type="checkbox"/> New costovertebral angle pain or tenderness <input type="checkbox"/> New or marked increase in suprapubic tenderness <input type="checkbox"/> Acute pain, swelling or tenderness of the testes, epididymis or prostate <input type="checkbox"/> Purulent discharge from around the catheter 	<p>Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g.; pneumonia)</p> <p style="text-align: center;">Fever*</p> <ul style="list-style-type: none"> • Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) OR • $>37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions OR • An increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline <p style="text-align: center;">Leukocytosis*</p> <ul style="list-style-type: none"> • $>14,000$ cells/mm^3 OR • Left shift ($>6\%$ or $1,500$ bands/mm^3) <p>An indwelling urinary catheter should be in place for a minimum of 2 calendar days (Day 1 = day of insertion) in order for the SUTI to be catheter-associated.</p> <p style="text-align: center;">Day of catheter removal = Day 1</p> <p>Indwelling urinary catheters which have been in place for >14 days should be changed prior to specimen collection, but failure to change catheter does not exclude a UTI for surveillance purposes.</p>
<p>Resident with OR without an indwelling catheter</p> <p><input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI)</p>	<p>___ MUST HAVE the following:</p> <p>No localizing urinary signs or symptoms (i.e., no urgency, frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). <i>In no catheter is in place, fever as only sign would not exclude ABUTI if other positive culture criteria are met.</i></p> <p>___ MUST HAVE positive blood culture with at least 1 matching organism in urine culture</p>	