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| --- | --- | --- | --- |
| **Resident Name** | **MR #** | **Date of Birth** | **Resident Location****(Hall/room#** |
| **Date Specimen collected:**□ < 2 calendar days= Community-Onset (CO)□ > 2 calendar days = Long-term Care Facility Onset (LO) | **Gender:**□ Male□ Female | **Resident type: □ Short-stay □ Long-stay**Date of 1st admission to facility: / /\_\_\_\_\_\_Date of current admission to facility: / /\_\_\_\_ |
| **Primary Resident Service Type:**□ Long-term general nursing□ Long-term dementia □ Long-term psychiatric□ Skilled nursing/Short-term Rehab □ Bariatric□ Hospice/Palliative □ Ventilator | **Has resident been transferred from an acute care facility to your facility in the past 4 weeks? □ Yes □ 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? □ Yes □ No |
| **Indwelling Urinary Catheter status at time of event onset:**□ In place □ Removed within last 2 calendar days□ Not in place | **If urinary catheter in place or removed within last 2 calendar days:**Site where inserted: □ Your facility □ Hospital □ Other □ UnknownDate of urinary catheter insertion: / /\_\_\_\_\_\_ |
| **If urinary catheter not in place, was there another urinary device type present at time of event onset? □ Yes □ No**If Yes, other device type: □ Suprapubic □ Condom (males only) □ Intermittent straight catheter | Transfer to acute care facility within 7 days?□ Yes □ No |
| **Date of Event (date of first sign/symptom OR date of specimen:**/ /­­­­\_\_\_\_\_\_\_ | **Person completing form:** |

**Criteria for Symptomatic Urinary Tract Infection, with an Indwelling catheter (Ca-UTI)**

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| ***For residents with an indwelling catheter both Criteria 1 and 2 must be met*** |
| **Criteria 1****At least one** of the following sign/symptom sub-criteria present**:** 1. Fever, rigors, or new-onset hypotension with no alternate site of infection □
2. Either acute change in mental status or functional decline, with no alternate diagnosis **AND** leukocytosis □
3. New-onset suprapubic pain or costovertebral angle pain or tenderness □
4. Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate □
 |
| **Criteria 2**Urinary catheter specimen culture with at least:* >10⁵ cfu/ml (>100,000 cfu) of any organism(s)
 |

 **Comments:**

1. **Urine specimens should be processed within 1-2 hours OR refrigerated and processed within 24 hours.**
2. **Recent catheter trauma, catheter obstruction or new onset of hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis**
3. **Urinary catheter specimens for culture should be collected following replacement of the catheter (if current catheter has been in place for >14 days)**