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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 □ Unknown  Date 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)**