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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, NO catheter (SUTI)**

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| **Criterion: Must meet criterion: 1 OR 2 OR 3** | ***For residents without an indwelling catheter in place or removed >2 calendar days prior to the date of event, where day of catheter removal is equal to day 1:*** |
| **1** | **Either** of the following Signs/symptoms (Check one):* Acute dysuria
* Acute pain, swelling, or tenderness of the testes, epididymis, or prostate

**AND**A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of >10⁵ CFU/ml (>100,000 cfu) |
| **2** | **Either** of the following:* Feverᶧ [Single temperature >37.8° C (>100°F), or 37.2°C (>99°F) on repeated occasions, or an increase of >1.1°C (>2°F) over baseline]
* Leukocytosis (>14,000 cells/mmᶟ or Left shift [>6% or 1,500 bands/mmᶟ])

**AND****One or more** of the following (New and/or marked increase):* Costovertebral angle pain or tenderness
* Suprapubic tenderness
* Visible (Gross) hematuria
* Incontinence
* Urinary urgency
* Urinary frequency

**AND**A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of >10⁵ CFU/ml (>100,000 cfu) |
| **3** | **Two or more** of the following (New and/or marked increase):* Costovertebral angle pain or tenderness
* Suprapubic tenderness
* Visible (Gross) hematuria
* Incontinence
* Urinary urgency
* Urinary frequency

**AND**A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of >10⁵ CFU/ml (>100,000 cfu) |
| **Footnote:** | **Feverᶧ can be used to meet SUTI criteria even if the resident has another possible cause for the fever (for example pneumonia)** |

**NHSN Comments:**

1. ***“Mixed flora” is not available in the pathogen list within NHSN and cannot be reported as a pathogen to meet the NHSN UTI criteria. Additionally, “mixed flora” often represents contamination and likely represents presence of multiple organisms in culture (specifically, at least two organisms).***
2. ***Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens, and therefore, cannot be used to meet NHSN UTI criteria without the presence of a qualifying bacterium.***
3. ***To remove the subjectivity about whether a fever is attributable to a UTI event, the presence of a fever, even if due to another cause (for example, pneumonia), should still be counted as part of meeting a UTI definition***