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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 Catheter-associated Symptomatic Urinary Tract Infection (SUTI)**

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| --- | --- |
| ***For residents with 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:***  **Must meet criterion: 1** | |
| **1** | **One or more of** the following Signs/symptoms and Laboratory and Diagnostic (Check all that apply):   * 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] * Rigors * New onset hypotension, with no alternate non-infectious cause * New onset confusion/functional decline with no alternate diagnosis **AND** Leukocytosis (>14,000 cells/mmᶟ or Left shift [>6% or 1,500 bands/mmᶟ]) * New or marked increase in suprapubic tenderness * New or marked increase in costovertebral angle pain or tenderness * Acute pain, swelling or tenderness of the testes, epididymis, or prostate * Purulent discharge from around the catheter insertion site   **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.***