|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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, NO catheter (SUTI)**

|  |
| --- |
| ***For residents without an indwelling catheter both Criteria 1 and 2 must be met*** |
| **Criteria 1**  **At least one** of the following sign/symptom sub-criteria **(a-c)** present**:**   1. Acute dysuria **OR** acute pain, swelling, or tenderness of the testes, epididymis, or prostate ­­\_\_\_\_\_ 2. Fever OR leukocytosis \_\_\_\_\_\_   **AND**  **At least one** of the following localizing urinary tract sub-criteria:   * Acute costovertebral angle pain or tenderness * Suprapubic tenderness * Gross hematuria * New or marked increase in incontinence * New or marked increase in urinary urgency * New or marked increase in urinary frequency  1. In the **absence of fever or leukocytosis, then at least two or more** of the following localizing urinary symptoms \_\_\_\_\_\_\_\_\_  * Suprapubic pain * Gross hematuria * New or marked increase in incontinence * New or marked increase in urgency * New or marked increase in frequency |
| **Criteria 2**  **One of the following** microbiologic sub-criteria:   * At least 10⁵ cfu/ml (>100,000 cfu) of no more than 2 species of microorganisms in a voided urine. * At least 10² cfu/ml of any number of organisms in a specimen collected by an in and out catheter |

**Comments:**

1. **UTI should be diagnosed when there are localizing s/s and a positive urinary culture**
2. **A diagnosis of UTI can be made without localizing symptoms if a blood culture isolate of the same organism isolated from the urine and there is no alternate sight of infection**
3. **In the absence of a clear alternate source, fever or rigors with a positive urine culture in a non-catheterized resident will often be treated as a UTI. However, evidence suggest most of these episodes are not from urinary source**
4. **Pyuria does not differentiate symptomatic UTI from asymptomatic bacteriuria**
5. **Absence of pyuria in diagnostic test excludes symptomatic UTI in residents of LTCF**
6. **Urine specimens should be processed within 1-2 hours OR refrigerated and processed within 24 hours.**