



Criteria for Infection Report Form – Urinary Tract Infections (UTIs)

Name: _____ Age _____ Sex _____ Unit _____ Room _____

Date of admission/readmission _____ Date infection was noted _____

Indwelling Catheter: YES NO Diagnosis/Rationale: _____

RESIDENTS WITHOUT AN INDWELLING CATHETER:

Resident Exhibits:	Yes	No	Comments
<input type="checkbox"/> Fever (>100° F or 2.4° F above baseline for 2 instances in the past 12 hrs) AND <input type="checkbox"/> 2 or more symptoms not related to urinary tract infection (i.e. respiratory s/s, GI s/s, skin symptoms, etc.)	<input type="checkbox"/> Urine culture is NOT Indicated	<input type="checkbox"/> Proceed to urinary symptom check	
Urinary Symptom Check	Yes	No	Comments
<input type="checkbox"/> Fever (>100° F or 2.4° F above baseline for 2 instances in the past 12 hrs) AND 1 or more: <input type="checkbox"/> Dysuria <input type="checkbox"/> Urgency <input type="checkbox"/> Frequency <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Flank pain <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Shaking Chills	<input type="checkbox"/> Meets Criteria to order urine culture	<input type="checkbox"/> Does Not Meet Criteria	

RESULTS OF URINE CULTURE:

Resident Exhibits:	Yes	No	Comments
<input type="checkbox"/> >105 CFU/ml (positive) or pending urine culture AND Dysuria	<input type="checkbox"/> Meets Criteria for Antibiotic per physician order	<input type="checkbox"/> Does Not Meet Criteria	
2 or more: <input type="checkbox"/> Fever (>100° F or 2.4° F above baseline for 2 instances in the past 12 hrs) <input type="checkbox"/> Urgency (new or worsening) <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Flank pain <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Shaking Chills	<input type="checkbox"/> Meets Criteria for Antibiotic per physician order	<input type="checkbox"/> Does Not Meet Criteria	



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RESIDENTS WITH AN INDWELLING CATHETER:

Resident Exhibits:	Yes	No	Comments
<input type="checkbox"/> Fever (>100° F or 2.4°F above baseline for 2 instances in the past 12 hrs) AND 1 of the following: <input type="checkbox"/> New flank pain <input type="checkbox"/> Shaking Chills <input type="checkbox"/> Delirium-new onset	<input type="checkbox"/> Meets Criteria for Urine Culture	<input type="checkbox"/> Does Not Meet Criteria	

Resident Exhibits:	Yes	No	Comments
<input type="checkbox"/> >105 CFU/ml (positive) or pending urine culture AND 1 or more: <input type="checkbox"/> Fever (>100° F or 2.4°F above baseline for 2 instances in the past 12 hrs) <input type="checkbox"/> Flank pain <input type="checkbox"/> Shaking Chills <input type="checkbox"/> Delirium-new onset	<input type="checkbox"/> Meets Criteria for Antibiotic per physician order	<input type="checkbox"/> Does Not Meet Criteria	

Reference - Loeb M, Brazil K, Lohfeld L, et al. Effect of a multifaceted intervention on number of antimicrobial prescriptions for suspected urinary tract infections in residents of nursing homes: cluster randomized controlled trial. *BMJ*. 2005;331:669.



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1. Was resident hospitalized due to this infection?

- Yes
- No
- N/A

2. Culture results (if any):

DATE:	CIRCLE ONE: Clean Catch Catheter	ORGANISM(S):	COMMENTS:
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DATE:	CIRCLE ONE: Clean Catch Catheter	ORGANISM(S):	COMMENTS:

3. Outcome; at the end of infection, the resident was:

- The same or better than before infection
- More dependent than before infection
- Transferred to another facility
- Expired/deceased

4. Does resident have a multi-drug resistant organism on culture (e.g., MRSA, VRE)?

- Yes
- No

5. If yes, type:

- MRSA
- VRE
- ESBL (Extended-Spectrum Beta Lactamase)
- Other: _____

6. If culture positive for multi-drug resistant organism, do they meet criteria for infection at the site of positive culture?

- Yes
- No (If no, resident is likely only colonized and not infected. Isolation or contact precautions may be necessary.)

7. Was infection reported to local public health agency?

- Yes
- No, not reportable

Comments: _____

Completed by: _____ **Title** _____ **Date:** _____