

Virginia Urinary Tract Infection (UTI) Event Form

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|--|---|
| Person completing form: Name: _____ Title/Role: _____ | |
| Event type: (<i>determine after form completed</i>) UTI met definition: Y / N If UTI met definition, was it catheter-associated: Y / N and/or facility-associated§: Y / N | |
| I. Resident info: | *Name, Last: _____ First: _____ MI: _____ |
| *Date of birth: ____/____/____ | Age: ____ Gender: F / M Location (ex. unit/ward): _____ |
| Date of UTI event: ____/____/____ | Original admit date: ____/____/____ |
| Most recent admit date: ____/____/____ | Last admit from: _____ Acute care: Y / N |
| Primary clinician: Name, Last: _____ First: _____ Title/Role: _____ | |
| Current antibiotic(s): _____ | Reason(s): _____ |
| Current nutritional supplements (ex. cranberry): _____ | Reason(s): _____ |
| Allergies: _____ | History of infection: _____ |
| Pre-disposing factors: _____ | |
| II. *Urinary catheter in last 48 hours: Y (<i>check one per question</i>) / N (<i>skip to section III</i>) / DNK (<i>skip to section III</i>) | |
| *Status at time of specimen collection or symptom onset: ___ In place ___ Removed within 48 hrs prior | Site where device inserted: ___ Your facility ___ ED ___ Acute care hospital (not ED) ___ Other extended care facility ___ Other _____ |
| Date of device insertion: ____/____/____ | *Device type: ___ Indwelling ___ Condom ___ Intermittent in and out ___ Suprapubic ___ Unknown |
| Urinary catheter placement related to surgery: Y / N / DNK If Y, type of surgery: _____ Surgery date: ____/____/____ | |
| III. *Signs and Symptoms: Y (<i>check all that apply</i>) / N (<i>skip to section IV</i>) (<i>McGeer: At least 2 are required if indwelling catheter. At least 3 are required if no indwelling catheter.</i>) ___ Fever (>38° C) / chills ___ Change in character of urine ___ Worsening of mental or functional status ___ New flank / suprapubic pain / tenderness ___ New/increased burning pain on urination / frequency / urgency <i>(only included in criteria for patients without an indwelling catheter)</i> | |
| IV. Laboratory/microscopic/urinary dipstick & diagnostic testing: Y (<i>check all that apply</i>) / N (<i>skip to section V</i>) ___ Positive culture with (<i>at least 1 of following</i>) ___ ≥ 10 ⁵ CFU/ml with single predominant microorganism ___ or 2 species of gram-negatives from voided specimen ___ ≥ 10 ² CFU/ml of any microorganisms from in/out catheter specimen ___ ≥ 10 ⁵ CFU/ml with any microorganisms from newly placed indwelling catheter specimen ___ Leukocytosis (>14,000 cells/mm ³) or left shift (>6% or 1,500 bands/mm ³) ___ Positive blood culture with 1 matching organism in urine culture ___ Positive laboratory urinalysis (<i>at least 1 of following</i>) ___ Pyuria (urine specimen with ≥ 10 ³ and < 10 ⁵ WBC/mm ³ or ≥ 3 WBC/high power field of unspun urine) ___ Microorganisms seen on Gram stain of unspun urine | |
| V. Pathogens identified: Y / N 1. _____ 2. _____ | Antibiotics: sensitive (S) intermediate (I) resistant (R) or do not know (DNK) 1. _____ S / I / R / DNK 2. _____ S / I / R / DNK |
| VI. Treated: Y / N | Treatment (ex. antibiotic): 1. _____ Start date: ____/____/____ 2. _____ Start date: ____/____/____ |
| Notes [ex. most recent creatinine level, renal function tests (GRF), etc.]: | |

§ Facility-associated UTI = When a resident develops UTI signs/symptoms (date of UTI event) after the first 3 calendar days of admission (most recent admit date), the UTI is considered associated with your long-term care facility (LTCF). If the resident develops UTI signs/symptoms within the first 3 calendar days of admission, the UTI is not attributed to your LTCF and is not considered associated with your facility, but should be reported back to the transferring facility.

Virginia Urinary Tract Infection (UTI) Denominator* Form

| Designated Location: _____ | | | Month: _____ | Year: _____ |
|----------------------------|-----------------------|--|--------------|-------------|
| Date | Number of residents** | Number of residents with a urinary catheter*** | | |
| 1 st | | | | |
| 2 nd | | | | |
| 3 rd | | | | |
| 4 th | | | | |
| 5 th | | | | |
| 6 th | | | | |
| 7 th | | | | |
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| 22 nd | | | | |
| 23 rd | | | | |
| 24 th | | | | |
| 25 th | | | | |
| 26 th | | | | |
| 27 th | | | | |
| 28 th | | | | |
| 29 th | | | | |
| 30 th | | | | |
| 31 st | | | | |
| Month total | resident days | urinary catheter days | | |

***Denominator** = All denominator data (resident days and urinary catheter days) should be collected daily at the same time each day. If denominator data are available from electronic databases, these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts.

****Number of residents** = Number of residents in the designated location for that day. These daily counts are added and entered in the last row, Month total. This will be your number of resident days for that month.

*****Number of residents with a urinary catheter** = Number of residents with an indwelling urinary catheter device in the designated location for that day. These daily counts are added and entered in the last row, Month total. This will be your number of urinary catheter days for that month.