

# Numerator form for CAUTI surveillance

## Form 2: CAUTI - Clinical and Laboratory Data



Draft

Patient details		Laboratory Number
Hospital Number	DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Type <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Other		Details of Other
Date of Suspected Infection		Date of Admission to Unit
Date of Admission to Unit		Ward/Unit
Urinary Catheter Details		
<b>Urinary Catheter Status at time of specimen collection</b> <input type="checkbox"/> In place <input type="checkbox"/> Removed within 48 hours prior <input type="checkbox"/> Not in place nor within 48 hours prior		
Location of Device Insertion		Date of Device Insertion
Signs & Symptoms		
<b>Acute Facilities</b> <u>&lt;1 year old</u> Fever <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Dysuria <input type="checkbox"/> Lethargy <input type="checkbox"/> Vomiting <input type="checkbox"/>		<b>Non Acute Facilities</b> <u>&gt;1 year old</u> Fever <input type="checkbox"/> Urgency <input type="checkbox"/> Frequency <input type="checkbox"/> Dysuria <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/>
		Fever or chills <input type="checkbox"/> New flank or Suprapubic pain or tenderness <input type="checkbox"/> Change in character of urine* <input type="checkbox"/> Worsening of mental or functional status <input type="checkbox"/>
<small>*Change in character maybe clinical (eg. new bloody urine, foul smell, or amount of sediment) or as reported by the laboratory (new pyuria or microscopic haematuria). For laboratory changes, this means that a previous urinalysis must have been negative.</small>		
Laboratory and Diagnostic Testing	Microbiology Results	
1 positive culture with $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms <input type="checkbox"/> Positive dipstick for leukocyte esterase and/or nitrite <input type="checkbox"/> Pyuria <input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine <input type="checkbox"/> 1 positive culture with $\geq 10^3$ CFU/ml and $< 10^5$ CFU/ml with no more than 2 species of microorganisms <input type="checkbox"/> Positive Culture <input type="checkbox"/> Positive Blood Culture <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests# <input type="checkbox"/> <small>#per specific site criteria</small>	Specimen No <input type="text"/> Specimen Date <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> Isolate 1 <input type="text"/> Isolate 2 <input type="text"/>	
	Secondary Bloodstream Infection <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Details If Yes</small> Specimen No <input type="text"/> Specimen Date <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> Isolates <input type="text"/>	
Outcome: Catheter Associated UTI <input type="checkbox"/> Yes <input type="checkbox"/> No		
Add any comments here		