Instructions for Completion of Urinary Tract Infection (UTI) Form (CDC 57.114)

Data Field	Instructions for Data Collection/Entry
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Sex at Birth (Birth Sex)	Optional. Select the patient's sex assigned at birth. Male Female Unknown
Gender Identity	Optional. Specify the gender identity/identities which most closely matches how the patient self-identifies. Multiple selections are allowed, except when selecting 'Asked but unknown.' Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Date of birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White

Data Field	Instructions for Data Collection/Entry
Event type	Required. UTI.
Date of event	Required. The date when the ***first*** element used to meet the UTI infection criterion occurred for the first time, during the Infection Window Period. Enter date of this event using this format: MM/DD/YYYY. NOTE: If a device has been discontinued on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is discontinued, use the last day of the previous month as the Date of Event.
Post-procedure UTI	Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility, otherwise check N.
Date of procedure	Conditionally required. If Post-procedure UTI = Y, Record the date when the NHSN procedure started.
NHSN procedure code	Conditionally required. If Post-procedure UTI = Y, enter the appropriate NHSN procedure code. **NOTE:** A UTI cannot be "linked" to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the "Link to Procedure" button is clicked, the fields pertaining to the operation will be auto-entered by the computer.
ICD-10-PCS and CPT procedure code	Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is entered, the NHSN procedure code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The NHSN ICD-10-PCS and CPT codes are found in the "Operative Procedure Code Documents" section of the Surgical Site Infection (SSI) Events page on the NHSN website.
MDRO Infection Surveillance	Required. Enter "Yes", if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-*Klebsiella*, CRE (*E. coli, Klebsiella pneumoniae, Klebsiella oxytoca, Klebsiella aerogenes,* or *Enterobacter*), MDR-*Acinetobacter,* or *C. difficile*. If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer "No" to this question.
Location	Required. Enter the inpatient location to which the patient was assigned on the date of the UTI event. If the date of the UTI occurs on the day of transfer/discharge or the next day, indicate the transferring/ discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).

Data Field	Instructions for Data Collection/Entry
Date admitted to facility	Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY. **NOTES:** • When determining a patient's admission dates to both the facility and specific inpatient location, the NHSN user must consider any days spent in an inpatient location as an "observation" patient before being formally admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location. All inpatient locations are eligible for use with determining date admitted to the facility. • When reporting a UTI which occurs on the day of or day after discharge use the previous date of admission as admission date.
Risk factor: Urinary catheter status on the date of event	Required. Check one of the following: • "In place" if a urinary catheter that had been in place in the inpatient location for more than 2 consecutive calendar days was present for any portion of the calendar day on the date of event • "Removed" if a urinary catheter that had been in place in the inpatient location for more than 2 consecutive calendar days was removed the day before the date of event • "Neither" if: ○ Patient has/had an indwelling urinary catheter, but it has/had not been in place more than 2 consecutive days in the inpatient location on the date of event ▪ **OR** ○ Patient did not have a urinary catheter in place in the inpatient location on the date of event or the day before the date of event
Location of device insertion	Optional. Enter the patient location where the IUC was inserted.
Date of device insertion	Optional. Enter the date the IUC was inserted.
Event details: Specific event: UTI	Required. Check Symptomatic UTI (SUTI), Asymptomatic Bacteremic UTI (ABUTI) type you are reporting.
Event details: UTI Specify criteria used	Required. Check each of the elements of the criteria that were used to identify the specific type of UTI being reported.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a bloodstream infection (BSI) identified related to UTI, otherwise check N. For detailed instructions on identifying whether the blood specimen identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix B of the BSI protocol).

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COVID-19	Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N. Confirmed: A patient with a positive COVID-19 (SARS-CoV-2) laboratory viral test indicating current infection (**NOTE:** this does not include serology testing for antibody). • Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status. • Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event is negative.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: UTI contributed to death	Conditionally required. If patient died, check Y if such evidence is available (for example death/discharge note, autopsy report, etc.).
Event Details: Discharge date	Optional. Date patient discharged from facility.
Event Details: Pathogens identified	Required. Enter Y if pathogen identified, otherwise check N. If Y, specify organism name on reverse.
Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, or Other Organisms	Up to two urine pathogens may be reported for the initial UTI event. If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. A third pathogen field is available in cases of secondary BSI to primary UTI events when additional eligible organisms are identified in the same blood specimen as the matching pathogen, or when a new urine pathogen is identified in the Repeat Infection Timeframe. Enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If the species is not given on the lab report or is not found on the NHSN organism list, then select the genus for example *Bacillus natto* is not on the list so would be reported as *Bacillus*.
Antimicrobial agent and susceptibility results	Conditionally required if Pathogen Identified = Y. • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional. Circle the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.

Data Field	Instructions for Data Collection/Entry
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information on the event.