

URINARY SYSTEM INFECTION (USI) (FORMERLY OUTI)
(KIDNEY, URETER, BLADDER, URETHRA, OR TISSUE SURROUNDING THE RETROPERINEAL OR PERINEPHRIC SPACE)
(NHSN CAUTI protocol <http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>)

Patient Name		Medical Records No.	
Date of Procedure	Date of Review	Date of Event	
<input type="checkbox"/> Date of event is > 2 calendar days after admission (date of admission is day 1).			
<input type="checkbox"/> All elements used to meet infection criteria occur within the 7-day Infection Window (3 calendar days before first positive culture was taken, day culture was taken and 3 calendar days after culture was taken). Infection Window: _____ to _____			
Other infections of the urinary tract must meet at least one of the following criteria:			
<input type="checkbox"/> Criterion 1 Patient has microorganisms identified from fluid (other than urine) or tissue from affected site by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing [ASC/AST]).			
<input type="checkbox"/> Criterion 2 Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam.			
<input type="checkbox"/> Criterion 3 Patient has at least one of the following signs or symptoms: <input type="checkbox"/> Fever (> 38° C) <input type="checkbox"/> Localized pain or tenderness with no other recognized cause			
<input type="checkbox"/> AND At least one of the following: <input type="checkbox"/> Purulent drainage from the affected site <input type="checkbox"/> Organisms identified from blood and imaging test evidence of infection (e.g., ultrasound, CT scan, MRI, or radiolabel scan (gallium, technetium) by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing [ASC/AST])			

<input type="checkbox"/>	<p>Criterion 4 Patient \leq 1 year of age has at least one of the following signs or symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever ($> 38^{\circ}$ C) <input type="checkbox"/> Hypothermia ($< 36^{\circ}$ C) <input type="checkbox"/> Apnea with no other recognized cause <input type="checkbox"/> Bradycardia with no other recognized cause <input type="checkbox"/> Lethargy with no other recognized cause <input type="checkbox"/> Vomiting with no other recognized cause <p>AND</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Purulent drainage from the affected site <input type="checkbox"/> Organisms identified from blood and imaging test evidence of infection (e.g., ultrasound, CT scan, MRI, or radiolabel scan (gallium, technetium) by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing [ASC/AST])
<p>Note Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.</p>	
<p>USI Comments</p> <ul style="list-style-type: none"> • Report infections following circumcision in newborns as SST-CIRC. • If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported. • For NHSN reporting purposes, Urinary System Infection (USI) cannot be catheter-associated, therefore, USI will only present as specific event type if urinary catheter status is marked "neither". 	