

LTC CAUTI Surveillance Worksheet

Purpose:

- The “LTC CAUTI Surveillance Worksheet” is an optional tool that was created to streamline the surveillance process with reviewing a resident’s chart for a suspected catheter associated urinary tract infection (CAUTI). The infection preventionist can review the chart and compare if the documentation meets, or doesn’t meet, the NHSN criteria, by simply checking “yes or no”. The form combines the resident’s health assessment and laboratory findings, and gives direction if the infection episode meets NHSN criteria.
- The “Notes” column can be used to help document the chart source. For example, the date and time of a fever can be recorded in this column. Additionally, the urine culture results can also be added.

Definitions:

- Symptomatic UTI occurs in a resident while having an indwelling urinary catheter in place or removed within the 2 calendar days prior to the event onset (day of removal=Day 1)
- An indwelling urinary catheter should be in place for a minimum of 2 calendar days (Day 1=day of insertion) in order for the symptomatic UTI to be catheter-associated.

Resources:

For additional information please refer to the checklist, [Centers for Disease Control and Prevention \(CDC\) protocol, Urinary Tract Infection \(UTI\) Event for Long-term Care Facilities, 2012.](#)

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Date: _____

MR #: _____

Resident Name: _____

Room/unit #: _____

One or more of the following with no alternate source:

Yes No Notes

Fever (single temperate $\geq 100^{\circ}\text{F}$ or $> 99^{\circ}\text{F}$ on repeated occasions, or $>2^{\circ}\text{F}$ over baseline)	<input type="checkbox"/>	<input type="checkbox"/>	
Rigors (shaking chills)	<input type="checkbox"/>	<input type="checkbox"/>	
New onset hypotension with no alternate site of infection	<input type="checkbox"/>	<input type="checkbox"/>	
New onset confusion/functional decline AND Leukocytosis ($>14,000$ cells/ mm^3 or Left Shift with $>6\%$ or $>1,500$ bands/ mm^3)	<input type="checkbox"/>	<input type="checkbox"/>	
New costovertebral angle pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>	
New or marked increase in suprapubic pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>	
Acute pain, swelling or tenderness of the testes, epididymis, or prostate	<input type="checkbox"/>	<input type="checkbox"/>	
Purulent discharge (pus) from around the catheter	<input type="checkbox"/>	<input type="checkbox"/>	



Any of the following:

If urinary catheter removed in last 2 calendar days: Yes No Notes

A voided urine culture positive for $\geq 10^5$ colony forming units (CFU)/ml of no more than 2 species of microorganisms	<input type="checkbox"/>	<input type="checkbox"/>	
Positive culture with $\geq 10^2$ colony forming units (CFU)/ml of any number of microorganisms from straight in/out catheter specimen	<input type="checkbox"/>	<input type="checkbox"/>	

If urinary catheter in place:

Positive culture with $\geq 10^5$ colony forming units (CFU)/ml of any number of microorganisms from indwelling catheter specimen	<input type="checkbox"/>	<input type="checkbox"/>	
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Signifies CAUTI