

Abstraction Form - UTI

Record ID _____

Hospital

- Hospital Names here
- Hospital 2
- Hospital 3...

Other Hospital _____

Inclusion Criteria

	Yes	No
Age >= 18 years	<input type="radio"/>	<input type="radio"/>
Positive urine culture (organisms in data dictionary)	<input type="radio"/>	<input type="radio"/>
Admitted to a general care medicine service	<input type="radio"/>	<input type="radio"/>
Received any eligible antibiotic during the symptom collection window (day -1, 0, 1, 2, where the day 0 = day of first positive urine culture)	<input type="radio"/>	<input type="radio"/>
Immunocompetent or only mild immune compromise	<input type="radio"/>	<input type="radio"/>
Do not have concomitant infection (e.g., COVID-19, antibiotic treatment for unrelated infection or prophylaxis)	<input type="radio"/>	<input type="radio"/>
Have normal urinary anatomy (do not include patients with urinary stent, nephrostomy, altered urinary tract anatomy, or urologic surgery during hospitalization)	<input type="radio"/>	<input type="radio"/>

Exclusion Criteria

	Yes	No
Patient left against medical advice (AMA) or refused care	<input type="radio"/>	<input type="radio"/>
Admitted on hospice	<input type="radio"/>	<input type="radio"/>

- Women who are pregnant and/or breastfeeding
- Spinal cord injury
- Had a UTI Complication (include any patient prescribed > 14 days of antibiotics)

Hospitalization

Date of hospital encounter: _____

Date of admission to hospital: _____

Date of first positive urine culture: _____

Date of discharge from hospital: _____

Demographics

Date of birth: _____

- Sex Male
 Female
 Other or not specified

- Race White
 Black
 Asian
 Pacific Islander
 American Indian or Alaska Native
 Multiracial
 Other
 Unknown or not specified

- Ethnicity Hispanic/Latinx
 Not Hispanic/Latinx
 Unknown or not specified

Co-Morbidities

- | | Yes | No |
|---------------------------|-----------------------|-----------------------|
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| ESRD | <input type="radio"/> | <input type="radio"/> |
| Dementia | <input type="radio"/> | <input type="radio"/> |
| Admitted from SNF or LTAC | <input type="radio"/> | <input type="radio"/> |

Immune suppression not severe enough to be excluded

Urologic Co-Morbidities

	Yes	No
Urologic procedure in 30 days prior to admission	<input type="radio"/>	<input type="radio"/>
Chronic urinary catheter use (i.e., foley)	<input type="radio"/>	<input type="radio"/>
Chronic intermittent straight catheterization	<input type="radio"/>	<input type="radio"/>
History of prostate cancer within the past year	<input type="radio"/>	<input type="radio"/>
Neurogenic bladder or urinary retention	<input type="radio"/>	<input type="radio"/>

SIRS criteria and organ dysfunction (check all that apply):
Information from the period of -1 day to +2 days relative to urine culture (where urine culture is day 0)

	Day -1	Day 0	Day 1	Day 2
No data are available for this day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp > 38.0 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp < 36.0 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR > 90 bpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR > 20 breaths/minute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WBC > 10 K/uL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WBC < 4 K/uL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypotension (SBP < 90 mm Hg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New organ dysfunction: Cr >2*, Bilirubin >2*, platelet < 100,000*, INR >1.5*, lactate > 2, SBP < 90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (all negative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Urinary Catheter
Information from the period of -1 day to +2 days relative to urine culture (where urine culture is day 0)

	Day -1	Day 0	Day 1	Day 2
No data are available for this day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient have a urinary catheter in place on this day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the patient have intermittent straight catheterization on this day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (both negative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signs and symptoms related to UTI:
Information from the period of -1 day to +2 days relative to urine culture (where urine culture is day 0)

	Day -1	Day 0	Day 1	Day 2
No data are available for this day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suprapubic pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute hematuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costovertebral or flank pain or tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of pyelonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever (>38 C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New onset mental status changes with systemic signs of infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (all negative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Micro Data

Date of urine collection: _____

Primary Urine Culture

- Cirtobacter freundii cplx
- Cirtobacter koseri
- Coagulase-negative Staphylococcus spp.
- Enterobacter cloacae cplx
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca
- Klebsiella pneumoniae
- MRSA
- MSSA
- Proteus mirabilis
- Pseudomonas aeruginosa
- ESBL (1)
- CRE (1)
- 2 or more organisms (2)
- Other

((1) *Please mark specific organism in addition to ESBL or CRE if present. (2) If there is more than one organism (with >100,000 CFU), check all that apply as well as "2 or more organisms")

Other (primary urine culture organism)

Urinalysis

- Not performed
 - Positive leukocyte esterase
 - Positive nitrites
 - Positive squamous
 - Positive bacteria
 - WBC marked positive in EMR but WBC < 10
 - WBC > 10
- (Urinalysis that reflexed to culture or was taken just prior to primary urine culture)

Were any blood cultures obtained?

- Yes
- No

Blood culture results (mark all that apply):

- Positive; matched urine
- Positive; did not match urine - likely pathogen
- Positive; did not match urine - likely contaminant

Blood culture organism

(only enter if different from urine culture)

Antibiotic Information

	Yes	No
Did the patient receive antimicrobial therapy?	<input type="radio"/>	<input type="radio"/>
Received IV antibiotic therapy while inpatient	<input type="radio"/>	<input type="radio"/>
Received oral antibiotic therapy while inpatient	<input type="radio"/>	<input type="radio"/>
Discharged with IV antibiotic therapy	<input type="radio"/>	<input type="radio"/>
Discharged with oral antibiotic therapy	<input type="radio"/>	<input type="radio"/>
Completed antibiotic therapy while inpatient; no antibiotic prescribed on discharge	<input type="radio"/>	<input type="radio"/>

On what date did the patient receive an antibiotic during the hospital encounter?

Check all antibiotics received during hospitalization:

- Amoxicillin (Novamax, Amoxil, Amoxicot, Dispermax, Moxatag, Moxilin, Trihydrate, Trimax, Wymax)
- Amoxicillin-clavulanate (Augmentin, Co-Amoxiclav)
- Bactrim (Co-Trimaxazole, Sulfamethoxazole, Sulfisoxazole, Trimethoprim, Trimethoprim-Sulfamethoxazole, TMP-SMX)
- Cefazolin (Ancef, Kefzol, Zolicef)
- Cefdinir (Omnicef, Cefdiel)
- Cefpodoxime
- Ceftriaxone (Rocephin)
- Cefuroxime (Ceftin, Kefurox, Zinacef)
- Cephalexin (Cefalexin, Keflex, Keftal, Cefanox, Biocef, Panixine, Zartan)
- Ciprofloxacin (Cipro, Ciproxin, Ciprobay)
- Levofloxacin (Levaquin, Quixin)
- Meropenem (Merrem)
- Nitrofurantoin (Macrobid)
- Piperacillin-tazobactam (Zosyn)
- IV Vancomycin (Vancocin, Lyphocin)
- Other antibiotic
- ()

Other antibiotic (check all that apply):

- Amikacin (Amikin)
- Ampicillin (Omnipen, Principen, Totacillin)
- Ampicillin/Sulbactam (Unasyn)
- Azithromycin (Zithromax, Sumamed, Zitrocin)
- Aztreonam (Azactam)
- Cefaclor (Ceclor, Ceclor CD)
- Cefadroxil (Cephadroxil, Duricef)
- Cefalotin (Cephalothin)
- Cefditoren (Spectracef)
- Cefepime (Maxipime)
- Cefixime (Suprax)
- Cefoperazone (Cefobid, Sodium)
- Cefotaxime (cephotaxime, Claforan)
- Cefotetan (Cefotan)
- Cefoxitin (Mefoxin)
- Cefprozil (Cefzil)
- Ceftaroline
- Ceftazidime (Ceptaz, Fortaz, Tazicef)
- Ceftazidime-avibactram (Avycaz)
- Ceftizoxime
- Ceftolozane/Tazobactam (Zerbaxa)
- Ceftibuten (Cedax)
- Clarithromycin (Biaxin)
- Clindamycin (Cleocin)
- Cloxacillin (Tegopen, Coxapen)
- Colistin (Xylistin, Polymyxin E, Colistimethate)
- Dalbavancin
- Daptomycin
- Delafloxacin (Baxdela)
- Dicloxacillin (Dycill, Dynapen)
- Doripenem (Doribax)
- Doxycycline (Doxycycline hyclate, Doxy, Vibra, Vibramycin)
- Ertapenem (Invanz)
- Erythromycin (E-mycin, Ery-tab, Benzamycin)
- Fosfomycin (Monurol)
- Gemifloxacin
- Gentamicin (Gentamycin, Garamycin, Cidomycin, Septopal, Gentamycin Synergy)
- Imipenem (Primaxin)
- Linezolid (Zyvox)
- Meropenem Vaborbactram (Vabomere)
- Metronidazole (Flagyl)
- Minocycline (Minocycline hydrochloride, Minocin, Dynacin, Myrac, Solodayn, Vectrin)
- Moxifloxacin (Avelox)
- Nafcillin (Unipen, Nafcil, Nallpen)
- Nalidixic Acid
- Neomycin (Mycifradin, Neo-Fradin, Neo-Tab)
- Norfloxacin (Noroxin)
- Ofloxacin (Floxin)
- Oritavancin (LY333328)
- Oxacillin (Prostaphilin, Bactocil, Prostaphlin)
- Penicillin (Benylpenicillin, Penicillin G, Bicillin C-R/L-A, Pfizerpen, Wycellin)
- Polymixin B
- Rifabutin
- Rifampicin (Rifampin)
- Rifapentine (Priftin)
- Solithromycin
- Streptomycin
- Sulfasalazine (Azulfidine, Sulfazine)
- Tedizolid
- Telavancin (TD-6424, Vibativ)
- Tetracycline (Ala-Tet, Panmycin, Sumycin)
- Tigecycline (Tigacyl)
- Tobramycin (Tobrex, Nebcin, Kitabis Pak, Tobi TOBI)
- Other

Please type in "Other" antibiotic received during hospitalization

Total inpatient IV antibiotic days

(calendar days)

Total inpatient antibiotic days (IV + oral)

(calendar days, including both IV and oral)

Total discharge antibiotic days

(calendar days)

Total treatment antibiotic duration

Discharge antibiotic (check all that apply):

- Amoxicillin (Novamax, Amoxil, Amoxicot, Dispermax, Moxatag, Moxilin, Trihydrate, Trimax, Wymax)
- Amoxicillin-clavulanate (Augmentin, Co-Amoxiclav)
- Bactrim (Co-Trimaxazole, Sulfamethoxazole, Sulfisoxazole, Trimethoprim, Trimethoprim-Sulfamethoxazole, TMP-SMX)
- Cefazolin (Ancef, Kefzol, Zolicef)
- Cefdinir (Omnicef, Cefdiel)
- Cefpodoxime
- Ceftriaxone (Rocephin)
- Cefuroxime (Ceftin, Kefurox, Zinacef)
- Cephalexin (Cefalexin, Keflex, Keftal, Cefanox, Biocef, Panixine, Zartan)
- Ciprofloxacin (Cipro, Ciproxin, Ciprobay)
- Levofloxacin (Levaquin, Quixin)
- Meropenem (Merrem)
- Nitrofurantoin (Macrobid)
- Piperacillin-tazobactam (Zosyn)
- IV Vancomycin (Vancocin, Lyphocin)
- Other antibiotic
()

Discharge antibiotic: Other (check all that apply)

- Amikacin (Amikin)
- Ampicillin (Omnipen, Principen, Totacillin)
- Ampicillin/Sulbactam (Unasyn)
- Azithromycin (Zithromax, Sumamed, Zitrocin)
- Aztreonam (Azactam)
- Cefaclor (Ceclor, Ceclor CD)
- Cefadroxil (Cephadroxil, Duricef)
- Cefalotin (Cephalothin)
- Cefditoren (Spectracef)
- Cefepime (Maxipime)
- Cefixime (Suprax)
- Cefoperazone (Cefobid, Sodium)
- Cefotaxime (cephotaxime, Claforan)
- Cefotetan (Cefotan)
- Cefoxitin (Mefoxin)
- Cefprozil (Cefzil)
- Ceftaroline
- Ceftazidime (Ceptaz, Fortaz, Tazicef)
- Ceftazidime-avibactam (Avycaz)
- Ceftizoxime
- Ceftolozane/Tazobactam (Zerbaxa)
- Ceftibuten (Cedax)
- Clarithromycin (Biaxin)
- Clindamycin (Cleocin)
- Cloxacillin (Tegopen, Coxapen)
- Colistin (Xylistin, Polymyxin E, Colistimethate)
- Dalbavancin
- Daptomycin
- Delafloxacin (Baxdela)
- Dicloxacillin (Dycill, Dynapen)
- Doripenem (Doribax)
- Doxycycline (Doxycycline hyclate, Doxy, Vibra, Vibramycin)
- Ertapenem (Invanz)
- Erythromycin (E-mycin, Ery-tab, Benzamycin)
- Fosfomycin (Monurol)
- Gemifloxacin
- Gentamicin (Gentamycin, Garamycin, Cidomycin, Septopal, Gentamycin Synergy)
- Imipenem (Primaxin)
- Linezolid (Zyvox)
- Meropenem Vaborbactam (Vabomere)
- Metronidazole (Flagyl)
- Minocycline (Minocycline hydrochloride, Minocin, Dynacin, Myrac, Solodayn, Vectrin)
- Moxifloxacin (Avelox)
- Nafcillin (Unipen, Nafcil, Nallpen)
- Nalidixic Acid
- Neomycin (Mycifradin, Neo-Fradin, Neo-Tab)
- Norfloxacin (Noroxin)
- Ofloxacin (Floxin)
- Oritavancin (LY333328)
- Oxacillin (Prostaphilin, Bactocil, Prostaphlin)
- Penicillin (Benzylpenicillin, Penicillin G, Bicillin C-R/L-A, Pfizerpen, Wycellin)
- Polymixin B
- Rifabutin
- Rifampicin (Rifampin)
- Rifapentine (Priftin)
- Solithromycin
- Streptomycin
- Sulfasalazine (Azulfidine, Sulfazine)
- Tedizolid
- Telavancin (TD-6424, Vibativ)
- Tetracycline (Ala-Tet, Panmycin, Sumycin)
- Tigecycline (Tigacyl)
- Tobramycin (Tobrex, Nebcin, Kitabis Pak, Tobi TOBI)
- Other

Please enter "Other" antibiotic received at discharge
