KNHSS
Kuwait National Healthcare-associated
Infections Surveillance System

Surveillance date mm/yyyy ______/________

Facility name : -------------- Code -------------

Urinary Tract Infection (UTI)

Patient Information

Patient ID:	File Number:
Patient Name:	Nationality: 1❑ K 2❑ NK
Gender: 1❑M 2❑F	Date of Birth:______/________/_______ (dd/ mm/ yyyy)
Date Admitted to Facility: ______/____/_____ (dd/ mm/ yyyy)	Location : Location Code:
Event Type: **UTI**	Date of Event: :______/______/______ (dd/ mm/ yyyy)
Post-procedure UTI: 1❑ Yes 0❑ No	Date of Procedure: :______/______/______(dd/ mm/ yyyy)

Procedure Name: NHSN Procedure Category Name: KNHSS Procedure Category Code:

MDRO Infection Surveillance:

❑Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module
❑No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Risk Factors

Urinary Catheter Status:

1❑ INPLACE: Urinary catheter in place > 2 days on date of event and present for the entire day or part of the day on the date of event
2❑REMOVED: Urinary catheter in place >2 days on date of event but removed the day before the date of event
3❑ NEITHER- Not catheter associated- Neither in place nor removed

NICU(level II/III and level III) Patient: 1❑ Yes 0❑ No
If Yes, Birth Weight: 1❑≤750 gms 2❑751-1000 gms 3❑1001-1500 gms 4❑1501-2500 gms 5❑>2500 gms

Location of Device Insertion: __________________
Location Code of Device Insertion: __________________

Date of Device Insertion:__/__/ ___ Date of Removal:__/__/ ___
Date of Reinsertion: : __/__/ ___ Date of Removal:__/__/ ___
Date of Reinsertion: : __/__/ ___ Date of Removal:__/__/ ___

Event Details

Specific Event: 1❑ Symptomatic UTI (SUTI) 2❑ Asymptomatic Bacteremic UTI (ABUTI) 3 ❑ Urinary System Infection (USI)

Specify Criteria Used:

Signs & Symptoms (check all that apply)

Any patient
1 ❑Fever (>38.0°C)
2 ❑ Frequency
3 ❑ Urgency
4 ❑Dysuria
5 ❑Localized pain or tenderness
6 ❑Acute pain, swelling, or tenderness of testes, epididymis, or prostate
7 ❑Abscess
8 ❑Suprapubic tenderness
9 ❑Costovertebral angle pain or tenderness
10❑Purulent drainage from affected site
11❑ Other evidence of infection found on invasive procedure, gross anatomic exam or histopathologic exam per specific site criteria

≤1 year old
1❑Fever(>38.0°C)
2❑Hypothermia (< 36.0°C)
3❑Apnea
4❑Bradycardia
5❑Lethargy
6❑Vomiting
7❑Suprapubic tenderness

Laboratory and diagnostic testing (check all that apply)
1❑Positive urine culture with $\geq 10^5$ CFU/ml with no more than 2 species of bacteria
2❑Positive culture of fluid or tissue from affected site
3❑Positive blood culture
4❑Imaging test evidence of infection (USG/CT/MRI/Isotope)

Pathogen(s) Identified: 1 ❑Yes 0 ❑ No
- If yes, specify pathogen(s) and antimicrobial susceptibilities on page 2
-Number of pathogens ___
-Pathogen(s) code(s): ___ ___ ___
-MDRO 1❑ Yes 0❑ No
-MDRO pathogen(s) code(s) ___ ___ ___

MDRO1:	❑MRSA	❑VRE	❑ESBL	❑CRE	❑MDR-PA	❑MDR-AB
MDRO2:	❑MRSA	❑VRE	❑ESBL	❑CRE	❑MDR-PA	❑MDR-AB
MDRO3:	❑MRSA	❑VRE	❑ESBL	❑CRE	❑MDR-PA	❑MDR-AB

Secondary BSI: 1❑Yes 0❑No

Died: : 1❑Yes 0 ❑ No If Died; UTI Contributed to Death: 1❑Yes 0❑No
Discharge/Death Date_____/______/______(dd/ mm/ yyyy)

Doctor's Signature -- Nurse's Signature--