Instructions for Completion of the Urinary Tract Infection (UTI) Form

Data Field	Instructions for Data Collection
Page 1	
Surveillance Date	Write down surveillance date in form of month/year using the format: mm/yyyy.
Facility Name	Write down the facility name
Facility Code	Write down facility code using **form A**
Patient information	
Patient ID	Write patient civil ID number
File Number	Write patient hospital file number
Patient Name	Write first, middle and the last name of the patient.
Nationality	Check Kuwaiti or non Kuwaiti to indicate nationality of the patient.
Gender	Check Male or Female to indicate the gender of the patient.
Date of Birth	Record the date of the patient birth using this format: dd/mm/yyyy.
Date Admitted to Facility	Enter date patient admitted to an inpatient location using this format: dd/mm/yyyy. • When determining a patient's admission dates to both the facility and specific inpatient location, take into account all such days, including any days spent in an inpatient location as an "observation" patient before being officially 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. • When reporting a UTI which occurs on the day of or day after discharge use the previous date of admission as admission date.
Location	Enter the inpatient location to which the patient was assigned on the date of the UTI event. If the date of UTI occurs on the day of transfer or discharge from a

	location or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule. Write location as specified in patient file. eg. ward 2, adult medical.
Location Code	Refer to **form G** to identify the code of the location.
Date of Event	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: dd/mm/yyyy. **NOTE**: • If a device has been pulled 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 pulled, use the last day of the previous month as the Date of Event.
Post-procedure UTI	Check "Yes" if this event occurred after an NHSN defined procedure (under any category from the **form C** or OTH) but before discharge from the facility, otherwise check "No".
Date of Procedure	If the answer in post-procedure UTI = "Yes", record the date of the procedure using this format: dd/mm/yyyy. Otherwise, don't answer this question.
Procedure Name	If the answer in post-procedure UTI = "Yes", write the procedure name as written in operation sheet. eg. Lt sided popliteal bypass with graft. Otherwise, don't answer this question.
NHSN Procedure Category Name	If the answer in post-procedure UTI = "Yes", enter the appropriate NHSN procedure category name according to **form C** eg. Lt sided popliteal bypass with graft will be written as PVBY. Otherwise, don't answer this question.
KNHSS Procedure Category Code	If the answer in post-procedure UTI = "Yes", enter the appropriate KNHSS procedure category code according to **form C**. e.g. PVBY code will be 31. OTH will be coded as OTH. Otherwise, don't answer this question.

MDRO infection surveillance	
MDRO Infection Surveillance	Do not fill this part now – This part is for the future plan
Risk factors	
Urinary Catheter Status on the Date of Event	Check one of the following: • **INPLACE**: If a urinary catheter that had been in place > 2 days on date of event was present for the entire day or part of the day on the date of event. • **REMOVED**: If a Urinary catheter that had been in place >2 days on date of event 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 >2 calendar days on the date of event OR ➢ Patient did not have a urinary catheter in place on the day of event or the day before the date of event. **NOTES:** • Date of insertion = Day 1. • Urinary System Infection (USI) cannot be catheter associated. • "NEITHER" is only accepted when reporting SUTI 1b, Non-CAUTI SUTI 2, Non -catheter associated ABUTI and USI.
NICU (level II/III and level III)patient	Check "Yes" if the patient is in the NICU (level II or II/III), otherwise check "No".
Birth Weight	If the answer to NICU patient = "Yes", record patient's weight at the time of birth in grams, **not** the weight on the date of event. Otherwise, don't answer this question.
Location of Device Insertion	Enter the patient location where the indwelling urethral catheter was inserted. **NOTE:** • Location of catheter insertion is not necessarily the same as patient location recorded above. • Location of catheter insertion is not necessarily an inpatient

	location. • If device was inserted in a hospital (government, private or abroad) other than your facility, write the location name as "Others" and specify the name of the hospital in text.
Location Code of Device Insertion	Write the patient location code where the indwelling urethral catheter was inserted. Refer to **form G**. **NOTE:** • If device was inserted in a hospital (government, private or abroad) other than your facility, write the location code as "106"
Date of Device Insertion	Enter the date of the indwelling urethral catheter was inserted using the format: dd/mm/yyyy. Enter the date of removal of this catheter (if applicable) If the patient's catheter is reinserted/replaced, enter the dates of reinsertion and removal using the format: dd/mm/yyyy.
Event details	
Specific Event: UTI	Check Symptomatic UTI (SUTI), Asymptomatic Bacteremic UTI (ABUTI), or Urinary System Infection (USI), for the specific event type you are reporting.
Specify Criteria Used	Check each of the elements of the criteria that were used to identify the specific type of UTI being reported. Write the dates that each element was first detected using the format: dd/mm/yyyy.
Laboratory and Diagnostic Testing	Check each of the diagnostic tests performed that were used to identify the specific type of UTI being reported.
Pathogen(s) Identified	Check "Yes" if pathogen identified otherwise check "No". **NOTE:** • Urinary System Infection (USI) is the only specific event type where the answer "No" is accepted.
If yes, specify pathogen(s) and antimicrobial susceptibility on page 2	Specify pathogen(s) and antimicrobial susceptibility results on page 2.

Number of Pathogens	Write the number of isolated pathogen(s) up to 3 pathogens may be reported).
Pathogen(s) code(s)	Write the code of each pathogen according to **Form D**. • If multiple pathogens are identified, 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 secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. • If the species is not given on the lab report or is not found on the KNHSS list (**form D**), then select the "spp" choice for the genus.
MDRO	Check "Yes" and write the code if the isolated organism(s) was/were MDRO of the following, otherwise check "No". **(MRSA):** *S. aureus* cultured from any specimen that tests oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or by a laboratory test that is FDA-approved for MRSA detection from isolated colonies; these methods may also include a positive result by any FDA-approved test for MRSA detection from specific sources. **VRE***: Enterococcus faecalis, Enterococcus faecium, or Enterococcus* species unspecified (only those not identified to the species level) that is resistant to vancomycin, by standard susceptibility testing methods or by results from any FDA-approved test for VRE detection from specific specimen sources. **ESBL producing Gram negative bacteria**: Gm negative spp. producing ESBLs enzymes that mediate resistance to extended-spectrum (third generation) cephalosporins (e.g., ceftazidime, cefotaxime, and ceftriaxone) and monobactams (e.g., aztreonam) but do not affect cephamycins (e.g., cefoxitin and cefotetan) or carbapenems (e.g., meropenem or imipenem). **CRE**: Any *Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, or Enterobacter* spp*.* testing resistant to imipenem, meropenem,

<table>
<tr>
<td></td>
<td>doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem and meropenem or ≥2 mcg/mL for ertapenem) OR by production of a carbapenemase (i.e., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction, metallo-β-lactamase test, modified-Hodge test, Carba-NP).

MDR-Pseudomonas aeruginosa: Tested intermediate or resistant for at least one agents in at least 3 of the following 5 classes: extended-spectrum cephalosporins (ceftazidime or cefepime), fluoroquinolones, aminoglycosides, carbapenems, and piperacillin or piperacillin/tazobactam.

MDR-Acinetobacter: Any Acinetobacter spp. testing non-susceptible (i.e., resistant or intermediate) to at least one agent in at least 3 antimicrobial classes of the following 6 antimicrobial classes:

<table>
<tr><th>β-lactam/β-lactam β-lactamase inhibitor combination</th><th>Aminoglycosides</th><th>Carbapenems</th><th>Fluoroquinolones</th></tr>
<tr><td>Piperacillin
Piperacillin/tazobactam</td><td>Amikacin
Gentamicin
Tobramycin</td><td>Imipenem
Meropenem
Doripenem</td><td>Ciprofloxacin
Levofloxacin</td></tr>
<tr><th>Cephalosporins</th><th>Sulbactam</th><th></th><th></th></tr>
<tr><td>Cefepime
Ceftazidime</td><td>Ampicillin/sulbactam</td><td></td><td></td></tr>
</table>

For each MDRO, tick the appropriate box to record what category of MDRO it is. E.g. If MDRO 1 is found to be ESBL producing, then tick the ESBL box listed in front of MDRO 1.</td>
</tr>
<tr>
<td>Secondary BSI</td>
<td>Check “Yes” if there is a culture-confirmed bloodstream infection (BSI) and a related UTI, otherwise check “No”.

(For detailed instructions on identifying whether the blood culture represents a secondary BSI, refer to the Secondary BSI Guide (Appendix 1 of the KNHSS BSI protocol).</td>
</tr>
</table>

	NOTE • **<u>When the specific event is ABUTI, secondary BSI must be answered as "Yes."</u>** • If the patient develops a secondary BSI (for SUTI or USI only) after submission of the UTI form but within the secondary BSI attribution period, fill out and submit the HAI surveillance follow-up form.
Died	Check “Yes” if patient died during the hospitalization, otherwise check “No”. **NOTE:** • If the patient is still hospitalized and not discharged at the time of submission of the UTI form, **leave this question unanswered** and submit the form without completing this field. • However, the record is incomplete until data are entered either died or not (i.e. If the patient died during the current hospitalization, but after submission of the UTI form, fill out and submit the HAI surveillance follow-up form.
If Died; UTI Contributed to Death	If patient died, check “Yes” if the UTI contributed to death (verified from his/her hospital death report), otherwise check “No”. If the patient did not die, do not answer this question.
Discharge/Death Date	Write the date patient discharged from facility or died using this format: dd/mm/yyyy.