**CAUTI Record Review Checklist**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographic Info** | | | | | |  | **Start Time:** | **End Time:** | **Total Time:** |
| MRN: |  | DOB |  | Gender | M / F |  |  |  |  |

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| **Admission Info** | | | | | | | | | | **Notes:** | | | | | | | |
| Admit Date: | | |  | | Discharge Date: | | |  | | *If the date of event occurs = day of admission (calendar day 1), the 2 days before admission, or the day after admission, event is* ***Present on Admission****.* | | | | | | | |
| Was patient in ICU on date of event or previous day? | | | | | | | | Y / N | | *If the event date = date of transfer/discharge, or the next day, the infection is attributed to the transferring/discharging location.* | | | | | | | |
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| **Urinary Catheter Info** | | | | | | | | | | **Notes:** | | | | | | | |
| Insert Date: | | |  | | Line D/C date: | | |  | | *CAUTI if line was in place on event date or the day before and was in place for >2 calendar days.* | | | | | | | |
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| **Date:** | **Source:** | | | **Organism:** | | | | | | | **Date:** | | | **Source:** | | **Organism:** | | |
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| **Notes:** *Infection Window is the 7-days during which all criteria must be met. Date of culture +/- 3 calendar days. Patient must have a urine culture with no more than two species of organisms identified and at least one of which is a bacterium >105 CFU/ml or 100k. The following organism is excluded and cannot be used to meet definition for CAUTI: Candida spp.* | | | | | | | | | | | | | | | | | |
| **Common Commensal Signs/Symptoms** | | | | | | | | | | | | | | | | | |
| Fever (>100.4; 38.0) | | |  | | | **Urinary frequency** | |  | | | | | **Bradycardia) Patient < 1 year)** | | | |  |
| **Suprapubic tenderness** | | |  | | | **Dysuria** | |  | | | | | **Lethargy (Patient < 1 year)** | | | |  |
| **Costovertebral angle pain or tenderness** | | |  | | | Hypothermia (<96.8; 36.0) (Patient < 1 year( | |  | | | | | **Vomiting (Patient < 1 year)** | | | |  |
| **Urinary urgency** | | |  | | | **Apnea (Patient < 1 year)** | |  | | | | |  | | | |  |
| **Notes*:******\**** *With no other recognized cause. \* These symptoms cannot be used when catheter is in place.* | | | | | | | | | | | | | | | | | |
| **Case Determination** | | | | | | | | | | | | | | | | | |
| CAUTI? | | Y / N | | | Event Date: | |  | | Was CAUTI reported? | | |  | | | *Date of first data element used to meet NHSN criteria. Must be within the 7-day infection window period.* | | |
| *Notes:* | | | | | | | | | | | | | | | | | |