

Please complete the survey below.

Thank you!

Chart Abstraction

1) Hospital name:

- Bonner
- Coulee
- Franklin Foundation
- Good Shepherd
- Klickitat
- Lincoln
- Newport
- Olympic
- West Valley
- White Mountain
- Wickenburg
- Valor
- Livingston
- Syringa
- Bear Lake
- Steele
- North Valley
- Trios
- Lower Umpqua
- UGH
- Skyline
- Pullman
- Garfield
- Other

1a) Other hospital name:

2) Initials of data entry personnel:

Hospitalization

3) Patient ID (DO NOT USE MEDICAL RECORD NUMBER):

(Used for your own reference only, will not be used in data analysis. Use an alternative internally generated ID number.)

4) Date of hospital encounter:

5) Location at the time of culture?

- Ambulatory care clinic
- ED, then discharged
- ED, then admitted
- Inpatient
- Other (ie. rehab or long-term care facility; urgent or quick care facility)

5a) Other location at the time of culture?

6) Prescriber ID (Optional):

(For your reference: to record individual prescribers for feedback. Use an internally generated number.)

7) Prescribing provider type:

- Physician
 Physician Assistant
 Nurse Practitioner

7a) Is the evaluating provider employed by your hospital or contracted from outside group/locum? (Optional)

- Employed by hospital
 Contracted from outside group/locum
 Not sure

Demographics

8) Does the patient meet any of the following exclusion criteria?

- Woman who is pregnant
 Age < 18 years of age
 Had concomitant bacterial infection (non-urinary)
 No

9) Patient age (at time of culture):

10) Sex at birth?

- Male
 Female

Signs and Symptoms of UTI

11) Did the patient have any of the following signs and symptoms related to UTI prior to the urine culture collection? (Based on your best judgement using patient care notes - nursing, provider, etc.)

- None
 Fever (>38 C)
 Rigor
 Dysuria
 Frequency
 Urgency
 Suprapubic pain/tenderness
 Flank pain/tenderness
 (Select all that apply)

12) Other features of presentation?

- None
 Acute mental status changes
 New/exacerbated psychiatric illness

Urine Culture Data

13) Date of urine culture collection?

14) Did the patient meet any of the following SIRS criteria and/or organ dysfunction within 24 hours of obtaining the urine culture?

- None
 Lactate > 2
 Temperature > 38 C
 Temperature < 36 C
 HR > 90 BPM
 RR > 20
 WBC < 4
 WBC > 12
 (Select all that apply)

-
- 14a) Based on your review, was the patient being evaluated and treated for suspected sepsis at time of urine culture collection ? Yes
 No
-
- 15) Was a urinalysis performed within 24 hours prior to urine culture? Yes
 No
-
- 15a) Based on urinalysis results, please select all that apply:
- Positive leukocyte esterase
 - Positive nitrates
 - Positive squamous
 - Positive bacteria
 - WBC < 10
 - WBC ≥ 10
- (Select all that apply)
-
- 16) Did the urinalysis reflex to culture? Yes
 No
-
- 16) What is the colony count of the urine culture?
- 1,000 to 10,000 CFU/mL
 - 11,000 to 50,000 CFU/mL
 - 51,000 to 100,000 CFU/mL
 - >100,000 CFU/mL
 - No growth
-
- 16a) How many bacteria are in the urine culture?
- 1
 - 2
 - >2
 - Mixed flora
-
- 16b) What bacteria is/are in the urine culture?
- Citrobacter species
 - Coagulase-negative Staphylococcus spp.
 - Enterobacter species
 - Enterococcus species
 - Escherichia coli
 - Klebsiella species
 - Staphylococcus aureus (MSSA or MRSA)
 - Proteus mirabilis
 - Pseudomonas aeruginosa
 - Other
- (Select all that apply)
-
- 16c) Was vancomycin-resistant Enterococcus (VRE) present? Yes
 No
-
- 16c) Was an extended spectrum beta-lactamase (ESBL) enzyme present? Yes
 No
-
- 16c) Was the isolate a carbapenem-resistant Enterobacterales (CRE)? Yes
 No
-
- 16b) What other bacteria is/are present?

-
- 17) Were any blood cultures obtained within 72 hours of urine culture collection? Yes
 No

-
- 17a) What applies to the blood cultures collected?
- Positive, matched urine
 - Positive, did not match urine, likely pathogen
 - Positive, did not match urine, likely contaminant
 - No growth

Antibiotic Selection

- 18) At any point during hospitalization, in the ED, or at discharge, did the patient receive IV antimicrobial therapy?
- Yes
 - No

-
- 18a) Which IV antimicrobial(s)?
- Cefazolin
 - Cefepime
 - Ceftriaxone
 - Ciprofloxacin
 - Ertapenem
 - Levofloxacin
 - Meropenem
 - Metronidazole
 - Piperacillin-tazobactam
 - Vancomycin
 - Other
- (Select all that apply)

18b) Which IV antimicrobial(s)?

- Amikacin
- Ampicillin
- Ampicillin/sulbactam
- Azithromycin
- Aztreonam
- Cefotaxime
- Cefotetan
- Cefoxitin
- Ceftaroline
- Ceftazidime
- Ceftazidime/avibactam
- Ceftolozone/tazobactam
- Cefuroxime
- Clindamycin
- Colistin
- Dalbavancin
- Daptomycin
- Doripenem
- Doxycycline
- Eravacycline
- Gentamicin
- Imipenem/cilastatin
- Linezolid
- Meropenem/vaborbactam
- Moxifloxacin
- Nafcillin
- Oritavancin
- Oxacillin
- Penicillin
- Piperacillin
- Televancin
- Tetracycline
- Tigecycline
- Tobramycin
- Trimethoprim-sulfamethoxazole

19) At any point during hospitalization, in the ED, or at discharge, did the patient receive PO antimicrobial therapy?

- Yes
- No

19a) Which PO antimicrobial(s)?

- Amoxicillin
 - Amoxicillin-clavulanate
 - Cefdinir
 - Cefpodoxime
 - Cephalexin
 - Ciprofloxacin
 - Doxycycline
 - Levofloxacin
 - Nitrofurantoin
 - Trimethoprim-sulfamethoxazole
 - Other
- (Select all that apply)

19b) Which PO antimicrobial(s)?

- Azithromycin
- Clarithromycin
- Delafloxacin
- Dicloxacillin
- Fosfomycin
- Linezolid
- Metronidazole
- Minocycline

20) What was the total antimicrobial therapy duration in days (include IV and PO and any antibiotics prescribed at discharge from the hospital)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27

21) Did the patient receive a phone call from the ED post discharge? (Optional)

- No
- Yes, to initiate therapy
- Yes, to change therapy
- Yes, to stop therapy
- Yes, patient was evaluated and asymptomatic; no therapy was initiated