

Please complete the survey below.

Thank you!

## Chart Abstraction

- 1) Hospital name:
- ☐ Astria Sunnyside Hospital
  - ☐ Astria Toppenish
  - ☐ Bingham
  - ☐ Blue Mountain Hospital (OR)
  - ☐ Blue Mountain Hospital (UT)
  - ☐ Chi St. Anthony
  - ☐ Columbia Memorial Hospital
  - ☐ Copper Queen
  - ☐ Dayton General Hospital
  - ☐ Franklin
  - ☐ Gritman
  - ☐ Harney District Hospital
  - ☐ Minidoka
  - ☐ North Canyon
  - ☐ Northern Cochise
  - ☐ Kane County Hospital
  - ☐ Sage Memorial
  - ☐ St. Charles Prineville
  - ☐ Weiser
  - ☐ Whidbey Health
  - ☐ Other

1a) Other hospital name:

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2) Initials of data entry personnel:

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## 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:

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5) Location at the time of culture?

- ☐ Ambulatory care clinic
- ☐ ED, then discharged
- ☐ ED, then admitted
- ☐ Inpatient
- ☐ Rehab or long-term care facility
- ☐ Urgent or quick care facility
- ☐ Other

5a) Other location at the time of culture?

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**Demographics**

- 6) Does the patient meet any of the following exclusion criteria?
- ☐ Woman who is pregnant
  - ☐ Age < 18 years of age
  - ☐ No

7) Patient age (at time of culture):

- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
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- ☐ 95
- ☐ 96
- ☐ 97
- ☐ 98
- ☐ 99
- ☐ 100
- ☐ >100

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- 8) Sex at birth? ☐ Male  
☐ Female
- 
- 9) Does the patient have any of the following urologic co-morbidities?
- ☐ Chronic indwelling urinary catheter use (ex. Foley)
  - ☐ Chronic intermittent straight catheterization
  - ☐ Urologic procedure in last 30 days?
  - ☐ Urinary retention
  - ☐ Neurogenic bladder
  - ☐ Abnormal urinary anatomy (e.g., nephrostomy, urinary stent, ileal conduit; do not include horseshoe or solitary kidney)
  - ☐ No  
(Select all that apply)
- 
- 9a) Did the patient have the same urinary catheter in place for more than two consecutive days prior to urine culture collection? ☐ Yes  
☐ No  
☐ Unsure
- 
- 9b) Did the patient have the indwelling urinary catheter removed the day before or the day of the urine culture collection? ☐ Yes  
☐ No  
☐ Unsure
- 
- 9a) Did the patient have intermittent straight catheterization on the day of urine culture collection? ☐ Yes  
☐ No  
☐ Unsure
- 
- 9a) Was urine culture drawn pre-op prior to procedure? ☐ Yes  
☐ No  
☐ Unsure

## Signs and Symptoms of UTI

- 10) 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.)
- ☐ Urgency
  - ☐ Rigors
  - ☐ Frequency
  - ☐ Dysuria
  - ☐ Suprapubic pain or tenderness
  - ☐ Flank pain
  - ☐ New onset mental status changes
  - ☐ Fever (>38 C)
  - ☐ Acute hematuria
  - ☐ Nausea and/or vomiting
  - ☐ Documentation of pyelonephritis
  - ☐ None of the above
  - ☐ Unsure
- (Select all that apply)

### Urine Culture Data

- 11) Date of urine culture collection? \_\_\_\_\_
- 
- 12) Was the patient suspected or confirmed to have concomitant bacterial infection and receiving antibacterials for treatment?
- ☐ Yes  
☐ No
- 
- 13) Did the patient meet any of the following SIRS criteria and/or organ dysfunction within 24 hours of obtaining the urine culture?
- ☐ No (all negative)
  - ☐ Temperature >38 C
  - ☐ Temperature < 36 C
  - ☐ HR >90 BPM
  - ☐ RR >20
  - ☐ WBC < 10
  - ☐ WBC >10
  - ☐ New organ dysfunction: Scr >2, bilirubin >2, platelet < 100,000, INR >1.5, lactate >2, systolic blood pressure < 90 (use best judgement that this is not chronic or caused by another medication [e.g. warfarin] the patient is on)
- (Select all that apply)
- 
- 14) Was a urinalysis performed within 24 hours prior to urine culture?
- ☐ Yes  
☐ No
- 
- 14a) 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)
- 
- 14b) Did the urinalysis reflex to culture?
- ☐ Yes  
☐ No  
☐ Unsure
- 
- 15) Did the urine culture have at least one bacterium with >100,000 CFU/mL?
- ☐ Yes  
☐ No

16) How many bacteria are in the urine culture?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> >2 <input type="radio"/> Mixed flora
17) What bacteria is/are in the urine culture? (select only organisms present at >100,000 CFU/mL)	<input type="checkbox"/> Citrobacter species <input type="checkbox"/> Coagulase-negative Staphylococcus spp. <input type="checkbox"/> Enterobacter species <input type="checkbox"/> Enterococcus species <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella species <input type="checkbox"/> Staphylococcus aureus (MSSA or MRSA) <input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Other (Select all that apply)
17a) Was vancomycin-resistant Enterococcus (VRE) present?	<input type="radio"/> Yes <input type="radio"/> No
17a) Was an extended spectrum beta-lactamase (ESBL) enzyme present?	<input type="radio"/> Yes <input type="radio"/> No
17b) Was the isolate a carbapenem-resistant Enterobacterales (CRE)?	<input type="radio"/> Yes <input type="radio"/> No
17c) What other bacteria is/are present?	_____
18) Were any blood cultures obtained within 72 hours of urine culture collection?	<input type="radio"/> Yes <input type="radio"/> No
18a) What applies to the blood cultures collected?	<input type="checkbox"/> Positive, matched urine <input type="checkbox"/> Positive, did not match urine, likely pathogen <input type="checkbox"/> Positive, did not match urine, likely contaminant <input type="checkbox"/> No growth (Select all that apply)

### Antibiotic Selection

19) At any point during hospitalization, did the patient receive IV antimicrobial therapy?	<input type="radio"/> Yes <input type="radio"/> No
19a) Which IV antimicrobial(s)?	<input type="checkbox"/> Ampicillin-sulbactam <input type="checkbox"/> Cefazolin <input type="checkbox"/> Cefepime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Ertapenem <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Meropenem <input type="checkbox"/> Metronidazole <input type="checkbox"/> Piperacillin-tazobactam <input type="checkbox"/> Trimethoprim-sulfamethoxazole <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other (Select all that apply)

19b) Which IV antimicrobial(s)?

- ☐ Amikacin
- ☐ Ampicillin
- ☐ 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

20) At any point during hospitalization, did the patient receive PO antimicrobial therapy?

- ☐ Yes
- ☐ No

20a) Which PO antimicrobial(s)?

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

20b) Which PO antimicrobial(s)?

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

21) Did the patient receive PO antimicrobial(s) at discharge?

- ☐ Yes
- ☐ No

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21a) Which PO antimicrobial(s)?

- ☐ Amoxicillin
- ☐ Amoxicillin-clavulanate
- ☐ Cefdinir
- ☐ Cefixime
- ☐ Cefpodoxime
- ☐ Cephalexin
- ☐ Ciprofloxacin
- ☐ Doxycycline
- ☐ Fosfomycin
- ☐ Levofloxacin
- ☐ Nitrofurantoin
- ☐ Trimethoprim-sulfamethoxazole
- ☐ Other

(Select all that apply)

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21b) Which PO antimicrobial(s)?

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

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22) Did the patient receive IV antimicrobial(s) at discharge?

☐ Yes  
☐ No

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

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ >21 days