

UTI Stewardship

Please complete the survey below.

Thank you!

Chart Abstraction

2.) Hospital Name:

- Arbor Health Morton Hospital
- Bayou Bend
- Benewah
- Bingham Memorial Hospital
- Bonner General Health
- Boundary Community Hospital
- Cascade Medical Center
- CHI St Anthony
- Clallam - Olympic Medical
- Columbia Memorial Hospital
- Copper Queen
- Coulee Medical Center
- Dayton General Hospital
- Ferry County
- Forks Community Hospital
- Good Shepard Health
- Gritman Medical Center
- Harbor Regional Health
- Harney Hospital District
- Island hospital
- Jefferson Health
- Klickitat Valley Hospital
- La Paz
- Lincoln Hospital
- Livingston Healthcare
- Lourdes Medical Center
- Lower Umpqua Hospital
- Mid-Valley Hospital
- Mount Desert Island Hospital
- Newport Hospital
- North Valley Hospital
- Northern Cochise
- Ocean Beach Hospital and Medical Clinics
- Odessa Memorial Hospital
- Olympic Heritage Behavioral Health
- PeaceHealth Peace Island
- PMH Medical Center
- Providence Mt. Carmel
- Pullman Regional Hospital
- Samaritan Healthcare
- San Carlos Apache
- Shoshone Medical Center
- Skyline Hospital
- Snoqualmie Valley
- St Joseph Parish
- Summit Pacific Medical Center
- Sunnyside Community Hospital
- Sweetwater
- Toppenish Medical
- Trios Health
- Valor Health
- Western State Hospital
- WhidbeyHealth
- White Mountain
- Whitman
- Wickenburg Community
- Willapa Harbor Hospital

3) 3.) (Optional) 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.)

- 5) 4.) Location at the time of culture?
- Ambulatory care clinic
 Emergency Department
 Inpatient
 Rehab or long-term care facility
 Urgent or quick care facility
 Other

5a) 4a.) Other location at the time of culture?

6) 5.) Prescriber ID (Optional):

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

Symptoms and Urine Culture Data

- 11) 6.) Did the patient have documented signs and symptoms of UTI prior to the urine culture collection?
e.g. Dysuria, Frequency, Urgency, Fever (>38 C), Rigor, Suprapubic pain/tenderness, Flank pain/tenderness
- Yes
 No
 (Select all that apply)

Urine Culture Date

Month: _____ Year: _____

Was urine culture positive (according to your institution's criteria)?

Yes
 No

- 15) 8.) Was there positive* urinalysis within 24 hours prior to urine culture?
- Yes
 No

*Positive according to your institution's criteria
e.g. leukocyte esterase, nitrates, and/or WBC

Antibiotic Selection

- 18) 9.) What antibiotic treatment did the patient receive?
- None
 Ceftriaxone
 Cephalexin
 Fluoroquinolone (e.g. Ciprofloxacin or Levofloxacin)
 Nitrofurantoin
 Trimethoprim/sulfamethoxazole
 Other

19a) 9a.) Other antibiotic(s)?

- Amoxicillin
 - Amoxicillin-clavulanate
 - Cefazolin
 - Cephalosporin oral (e.g. cefdinir, cefpodoxime, cefuroxime)
 - Cephalosporin IV (e.g. cefepime, ceftazidime)
 - Doxycycline
 - Ertapenem
 - Fosfomycin
 - Meropenem
 - Piperacillin/tazobactam
 - Vancomycin
 - Other
- (Select all that apply)

9b.) Other antibiotic

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

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