**Assessment of Appropriateness of Antibiotics for
Urinary Tract Infections (UTIs)**

1. Date:

 Gender: Male Female

 Age:

 Service:

2. Did the patient have a urinary catheter in place at the time of diagnosis or in the 48h preceding diagnosis?

3. Does the patient have any of the following underlying comorbidities?

(Check all that apply)

 \_\_\_kidney stones \_\_\_urologic abnormality

 \_\_\_pregnancy \_\_\_neutropenia

 \_\_\_history of renal transplant

4. Were any of the following signs or symptoms documented?

(Check all that apply)

 \_\_\_dysuria \_\_\_flank pain

 \_\_\_urgency \_\_\_fever (>38°C) or rigors

 \_\_\_frequency \_\_\_WBC >11,000 cells/μL

 \_\_\_suprapubic pain \_\_\_nausea and/or vomiting

 \_\_\_new onset delirium\* \_\_\_other (please document below)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (\*Criteria should not be used alone. Should be taken into account with other

 signs and symptoms)

5. Was a urinalysis sent?

 A. If **Yes,** was there evidence of pyuria (> 5-10 WBCs/high power field)?

 B. If **Yes,** were epithelial cells noted? (please specify number/high power field)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. If dipstick results available, were either of the following detected?

 (Check all that apply)

\_\_\_leukocyte esterase

 \_\_\_nitrites

6. Was a urine culture sent?

 A. If **Yes**, was the urine culture positive?

 B. If **culture was positive**, document the organism(s) and colony count(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

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7. If a urinalysis and/or urine culture were collected, please designate how urine was collected:

 \_\_\_ Clean catch

 \_\_\_ Indwelling catheter

 \_\_\_ Straight catheterization

 \_\_\_ Collection method not specified

8. Was the patient receiving antibiotics prior to collection of the urine culture?

9. Were empiric antibiotics (started prior to culture results) consistent with institutional/national guidelines? (Document antibiotic below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Was the urinary catheter removed after a diagnosis of CA-UTI or catheter-associated asymptomatic bacteriuria (CA-ASB)?

 A. If **Not**, was a reason for continuation documented? (Please specify below)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Were empiric antibiotics stopped if no organism was isolated by culture?

 A. If **No**, was an indication for continued antibiotics documented?

 Please specify indication for continuation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic?
**(PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT)**

13. Were antibiotics changed after culture results were available?

A. If **YES**, please document antibiotic change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Total duration of antibiotic therapy for UTI while an inpatient?

 \_\_\_\_\_ Days

15. Was an ID consult team involved the patient’s care?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No