**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?  Yes  No

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?  Yes  No
   A. If Yes, was there evidence of pyuria (≥ 5-10 WBCs/high power field)? Yes  No
   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?  Yes  No
   A. If Yes, was the urine culture positive? Yes  No
   B. If culture was positive, document the organism(s) and colony count(s):____________________________________________________________
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?  
   Yes  No

9. Were empiric antibiotics (started prior to culture results) consistent with institutional/national guidelines? (Document antibiotic below)  
   Yes  No

10. Was the urinary catheter removed after a diagnosis of CA-UTI or catheter-associated asymptomatic bacteriuria (CA-ASB)?  
    Yes  No
    A. If Not, was a reason for continuation documented? (Please specify below)  
       Yes  No

11. Were empiric antibiotics stopped if no organism was isolated by culture?  
    Yes  No
    A. If No, was an indication for continued antibiotics documented?  
       Yes  No
       Please specify indication for continuation: ____________________________

12. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic? (PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT)  
    Yes  No

13. Were antibiotics changed after culture results were available?  
    Yes  No
    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  No