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

1.	Date:					
	Gender:	Male	Female			
	Service: _					
	Did the pat gnosis?	ient have a u	rinary catheter in plac	ce at the time of diagnosis or in the 48h preceding	Yes	No
3. [Does the p	atient have a	ny of the following un	derlying comorbidities?		
(Ch	eck all tha	t apply)				
	ki	dney stones		urologic abnormality		
	pı	regnancy		neutropenia		
	hi	story of rena	l transplant			
4 ١	Nere any o	of the following	ng signs or symptoms	documented?		
	eck all tha		ing signs or symptoms	documented.		
(ysuria		flank pain		
		rgency		fever (>38°C) or rigors		
		equency		WBC >11,000 cells/μL		
		ıprapubic pai	n	nausea and/or vomiting		
		ew onset deli		other (please document below)		
	•	eria should n and sympton		uld be taken into account with other		
5. Was a urinalysis sent?					Yes	No
	A. If Y	'es, was there	e evidence of pyuria (≥ 5-10 WBCs/high power field)?	Yes	No
	B. If Y	'es, were epit	thelial cells noted? (pl	ease specify number/high power field)	Yes	No
		k all that app	oly) yte esterase	er of the following detected?		
6. \	. Was a urine culture sent?					No
	A. If Y	'es , was the ι	urine culture positive?		Yes	No
	B. If c	ulture was p	ositive, document the	e organism(s) and colony count(s):		

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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		
concensor 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)?		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?		No
A. If No , was an indication for continued antibiotics documented? Please specify indication for continuation:	Yes	No
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