

Urinary Tract Infection Event Form				
Section 1: Patient and Hospital Information:				
Full Name الإسم الثلاثي		Gender الجنس	Male / ذكر Female/ أنثى	Date of Birth تاريخ الميلاد DD/MM/YYYY Age / العمر
National ID/الهوية الوطنية رقمها / The Number /	Iqama/الإقامة	Passport/ الجواز	Border Number / رقم الحدود	Additional ID / الهوية الإضافية المنطقة(الشؤون الصحية) / Medical Record / السجل الطبي
Telephone Number / رقم الهاتف	Country / الدولة	Region (Health Affairs) / المنطقة(الشؤون الصحية)		
Mobile Number / رقم الجوال	City / المدينة Nationality/ الجنسية	Health Center or Health Affairs followed by المركز الصحي أو الشؤون الصحية التي يتبعها		
Address Type/ نوع العنوان	No fixed address/ لا يوجد عنوان ثابت temporary address / منزل مؤقت	Postal address / العنوان البريدي Vacation home / منزل قضاء العطلات	Primary home / المنزل الرئيسي	
Client HESN ID/رقم المراجع في حصن.....				
Section 2: CAUTI event information				
Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ identified				Yes No
Event Date	DD/MM/YYYY			
Patient has an indwelling urinary catheter in place				
Yes, catheter in place for >2 days		Yes, catheter in place but not for >2 days		No
Catheter Status (if catheter in place > 2 days)				
Catheter present for any portion of the calendar day on the date of event		Catheter removed the day before the date of event		Catheter was in place on the date of event or the
Age ≤ 1 year?	Yes	No		
UTI signs and symptoms according to CDC/NHSN Definitions 2015/2016				
Is the patient?				
of any age (including ≤ 1 year) with fever ($> 38.0^{\circ}\text{C}$) OR suprapubic tenderness OR costovertebral angle pain or tenderness OR urinary urgency OR urinary frequency OR dysuria				
≤ 1 year with fever ($> 38.0^{\circ}\text{C}$) OR suprapubic tenderness OR hypothermia ($< 36.0^{\circ}\text{C}$) OR apnea OR bradycardia OR lethargy OR vomiting				
with no signs or symptoms				
Specify Signs and Symptoms		Date of Onset of First Signs and Symptoms		DD/MM/YYYY
Fever	Apnea	Urinary frequency	Suprapubic tenderness	
Urinary urgency	Costovertebral angle pain or tenderness	hypothermia ($< 36.0^{\circ}\text{C}$)	Lethargy	
Dysuria		Bradycardia	Vomiting	
Other clinical features (please specify) :				
Lab confirmed UTI criteria	SUTI 1a	SUTI 1b	SUTI 2(CAUTI)	SUTI 2(NCAUTI)
Patient has a positive blood culture with at least one matching bacteria to the urine culture?				Yes No
ABUTI (catheter related)		ABUTI (Non catheter related)		
UTI Diagnosed after a Procedure	Yes	No		
Procedure Name				
Limb amputation	Craniotomy	Gallbladder surgery	Abdominal hysterectomy	Open reduction of fracture
Appendix surgery	Cesarean section	Colon surgery	Knee prosthesis	Abdominal aortic aneurysm repair
Shunt for dialysis	Spinal fusion	Heart transplant	Kidney transplant	Bile duct, liver or pancreatic surgery
Breast surgery	Gastric surgery	Liver transplant	Neck surgery	Laminectomy
Cardiac surgery	Herniorrhaphy	Carotid endarterectomy	Hip prosthesis	
Coronary artery bypass graft with both chest and donor site incisions		Coronary artery bypass graft with chest incision only		
Procedure Date	DD/MM/YYYY	Development of Secondary BSI:		Yes No
Hospitalization Death	<input type="checkbox"/> Yes, Complete next 2 question.	<input type="checkbox"/> No	Death Date	DD/MM/YYYY
UTI contributed to death	Yes	No		