		1				
Name:		DOB:		Gender: M F	Race:	
MR#		Medicare# N/A				
DOA:	Admitted From:	DOD:		If death, ABUTI contributed: Yes No		
Date of Event:		HAI Unit/Room (transfer rule):				
D/C from your hospital w/in past year: Yes		No	If YES, d	If YES, date of most recent d/c:		
Urine Pathogen:		Date	:	Meets ABUTI criteria: Yes No		
Blood Pathogen:		Date:		Foley present at time ofadmission:YesNo		
 Must meet 1, 2, and 3 below: Patient with* or without an indwelling urinary catheter has <u>NO</u> signs or symptoms of SUTI 1 or 2 according to age: YES NO (NOTE: Patients > 65 years of age with a non-catheter-associated ABUTI may have a fever and still meet the ABUTI criterion) Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥ 10⁵ CFU/ml. YES NO Patient has organism identified** from blood specimen with at least one matching bacterium to the bacterium identified in the urine specimen, or meets LCBI criterion 2 (without fever) and matching common commensal(s) in the urine. All elements of the ABUTI, criterion must occur during the 7 day Infection Window Period. YES NO 						
*Patient had an indwelling urinary catheter in place for >2 calendar days on the date of event, with day of device placement being Day 1, and catheter was in place on the date of event or the day before. **Organisms identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing)						

Asymptomatic Bacteremic Urinary Tract Infection Worksheet (ABUTI)