

Patient Info	
Date IUC Inserted	
Date IUC removed	
Date Patient discharged or transferred to a new unit	

INFECTION WINDOW PERIOD (IWP)	
Urine Culture w/ $\geq 100,000$ CFUs/mL AND ≤ 2 organisms	
☐ Yes ☐ No	

Infection Window Period (IWP)						
-3 days	-2 days	-1 day	Culture Date	+1 day	+2 days	+3 days

DATE OF EVENT (DOE)

NOT a CAUTI	No	☐	Does the patient have any of the following symptoms?	Yes	☐
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Check all Symptoms

Fever > 38C	☐	Onset Date _____
Suprapubic Tenderness*	☐	_____
Costovertebral Angle Pain*	☐	_____
Urgency^	☐	_____
Dysuria^	☐	_____
Frequency^	☐	_____

*With no other recognized cause
^These symptoms cannot be used when catheter is in place

Do any symptoms occur **WITHIN** the IWP?

Yes	No
☐	☐

NOT a CAUTI

Date of Event (DOE)	
Record the FIRST date within the IWP that a symptom OR the culture occurred	

PRESENT ON ADMISSION (POA)

Present on Admission (POA) Timeframe			
HD1	HD1	HD1	HD2
-2 days	-1 day	Admission Date	+1 day

Did the DOE occur DURING the POA timeframe?	Yes	☐	POA
	No	☐	

CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)

No	☐	Was the IUC in place on the DOE or removed the day before the DOE?	Yes	☐
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NOT a CAUTI	No	☐	Was the IUC in place >2 consecutive days?	Yes	☐
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HEALTHCARE ASSOCIATED INFECTION (HAI)				
Did the DOE occur during admission or the day after discharge?	No	☐	Yes	☐
NOT a HAI CAUTI	No	☐	Yes	☐
				HAI CAUTI