

UA Criteria

Record ID

Health Center

- ☐ Chesapeake
- ☐ DUHS
- ☐ Duke Regional
- ☐ Duke Raleigh
- ☐ Wellstar
- ☐ Danville- do not use this (use SOVAH)
- ☐ SOVAH

MRN

Age in years (only patients 18 or older)

Gender

- ☐ Female
- ☐ Male
- ☐ Trans
- ☐ Other

If other

Race

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

Hispanic

- ☐ Hispanic/Latino
- ☐ Not hispanic/latino

Date of admission

Date of discharge

Readmission within 30 days of previous discharge date

- ☐ Yes
- ☐ No

Death within 30 days of urine culture

- ☐ Yes
- ☐ No

Insurance

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Payer
- ☐ Tri-care
- ☐ Self- pay/no insurance
- ☐ Other

Other insurance

Zip Code

Does this patient having any of the following
immunosuppressed conditions?

- ☐ Cancer (active, not in remission)
☐ Bone marrow transplant
☐ Solid organ transplant
☐ Stem cells recipient
☐ Genetic immune deficiencies
☐ HIV
☐ Use of oral or intravenous corticosteroids or
other immunosuppressants for one month prior to
urine culture (e.g., mycophenolate, sirolimus,
cyclosporine, tacrolimus, etanercept, rituximab)
☐ NONE OF THE ABOVE (feel free to add conditions you
aren't sure about in the comment in the end)
-

BMI
If unknown, enter "unknown" and complete height and
weight below

Height in centimeters

Weight in Kilograms

BMI

Urine Analysis

Urine pH

UA date and time

UA parameters WBC
(If TNTC or too numerous then >30)

- ☐ < 5
☐ 5-9
☐ 10-14
☐ 15-19
☐ 20-29
☐ >30
-

UA Leukocyte Esterase
(Small - 1+, Mod/Large- 2+)

- ☐ Absent
☐ 1+
☐ 2+ or more
☐ 4. trace
-

UA parameters - RBC

- ☐ < 5
☐ 5-9
☐ 10-14
☐ 15-19
☐ 20-29
☐ >30
-

UA parameters - nitrite	<input type="radio"/> Present <input type="radio"/> Absent
UA parameters - blood	<input type="radio"/> Present <input type="radio"/> Absent
UA parameters - bacteria	<input type="radio"/> < 5 or rare (or 1+) <input type="radio"/> 5-50 or few/occasional, present, or 2+ <input type="radio"/> >50 or many or 3+ <input type="radio"/> Absent
UA parameters - yeast	<input type="radio"/> Present <input type="radio"/> Absent
UA parameters - squamous cells (trace < 5, small 5-10, mod/many >10)	<input type="radio"/> 0 <input type="radio"/> < 5 <input type="radio"/> 5-10 <input type="radio"/> >10
UA parameters- ketones	<input type="radio"/> Present <input type="radio"/> Absent
Urine culture source of collection	<input type="radio"/> Straight catheterization <input type="radio"/> Clean catch/ Midstream <input type="radio"/> Suprapubic aspiration <input type="radio"/> Intra-op <input type="radio"/> Bed pan or other non sterile collection device <input type="radio"/> Other <input type="radio"/> Undocumented
Other urine source	_____
Patient location at time of urine culture collection	<input type="radio"/> Emergency Room <input type="radio"/> ICU <input type="radio"/> IntraOp <input type="radio"/> Medical Ward <input type="radio"/> Surgical Ward <input type="radio"/> Med/Surg Ward <input type="radio"/> Step down <input type="radio"/> Maternity Ward <input type="radio"/> Outpatient <input type="radio"/> Other
Other location?	_____

Service/Specialty Ordering Urine CX (If resident or intern - then select Attending's service)

- ☐ Cardiology
- ☐ Emergency
- ☐ Family Medicine
- ☐ General surgery
- ☐ Geriatrics
- ☐ GI
- ☐ Hematology/Oncology
- ☐ Hospitalist/internal medicine
- ☐ Infectious Diseases
- ☐ Nephrology
- ☐ Neurology
- ☐ OB/GYN
- ☐ Orthopedics
- ☐ Peds
- ☐ Psychiatry
- ☐ Urology or Urogynecology
- ☐ Other

Other ordering service

Was the ordering physician on a teaching service?
(Select if resident or intern only)

- ☐ Yes
- ☐ No

Urine culture result (In case of 2 organisms, pick colony count for organism with higher colony count)

- ☐ Negative
- ☐ Positive < 10,000 cfu of organisms
- ☐ Positive 10,000 -99,999 cfu of organisms
- ☐ Positive >100,000 cfu of organisms
- ☐ Mixed (3 or more organisms)

If positive urine culture, list organism full name (NA if negative urine culture)

If positive urine culture, list second organism full name

(List full name)

Blood culture result (3 days before or after urine culture)

- ☐ Positive
- ☐ Negative
- ☐ NA if not done

Blood organism

Respiratory culture result (3 days before or after urine culture)

- ☐ Positive
- ☐ Negative
- ☐ Normal flora
- ☐ NA if not done

Respiratory Organism

Body Fluid culture result (3 days before or after urine culture)

- ☐ Positive
- ☐ Negative
- ☐ NA if not done

Fluid organism

Body Fluid Site (CSF, joint or synovial fluid, pleural fluid, peritoneal fluid, etc) Comment result

- ☐ CSF
- ☐ Joint or synovial fluid
- ☐ Pleural fluid
- ☐ Peritoneal or ascitic fluid
- ☐ Skin/Subcut abscess
- ☐ NA if not done
- ☐ Other

Other body fluid site

Tissue culture result (3 days before or after urine culture)

- ☐ Positive
- ☐ Negative
- ☐ NA if not done

Tissue culture site if done

Tissue organism

C difficile test (7 days before or on date of urine culture)

- ☐ Positive
- ☐ Negative
- ☐ NA if not done

C difficile test (7 days after urine culture)

- ☐ Positive
- ☐ Negative
- ☐ NA if not done

WBC count on date of urine culture

- ☐ < 10,000
- ☐ 10,001-15,000
- ☐ 15,001-20,000
- ☐ >20,001
- ☐ NA if not done

Serum Creatinine on date of urine culture

- ☐ < 1.0
- ☐ 1.0-1.49
- ☐ 1.5-1.99
- ☐ 2.0-2.99
- ☐ >3.0
- ☐ NA if not done

Chart Review

CXR or CT chest (3 days before or after urine culture-pick abnormal one)

- ☐ Normal
- ☐ NA if Not done
- ☐ New Consolidation
- ☐ New Infiltrates
- ☐ New Pleural effusion
- ☐ Pulmonary Embolism
- ☐ Pulmonary Infarct
- ☐ Lung abscess
- ☐ Nodule
- ☐ Pneumothorax
- ☐ Unchanged from 3 days ago
- ☐ Other-specify

CXR/CT other

KUB or CT abdomen/pelvis

- ☐ Normal
- ☐ NA if Not Done
- ☐ Intra-abdominal abscess
- ☐ Other evidence of infection in GI tract like colitis
- ☐ Diverticulitis
- ☐ Hydronephrosis
- ☐ Pyelonephritis
- ☐ Renal abscess
- ☐ Obstructing renal or urothelial stone
- ☐ Non-obstructing renal or urothelial stone
- ☐ Evidence of bladder infection
- ☐ Other-specify

Other

US of extremities (3 days before or after urine culture)

- ☐ DVT
- ☐ Normal
- ☐ NA if not done
- ☐ Other-specify

US other

Brain imaging

- ☐ Normal
- ☐ NA if Not done
- ☐ Infarct
- ☐ Bleed
- ☐ Abscess
- ☐ Other-specify

Other brain imaging

Pregnant (beta HCG test result review 3 days before or after urine culture)

- ☐ Yes
- ☐ No
- ☐ NA if not done or male

Other positive test of clinical significance on chart review

Repeat urine culture in 7 days

- ☐ Yes
- ☐ No

Clinical criteria up to 24 hrs before urine culture (chart review)

Select all that apply below (if present 48 hours before or after urine culture)

- ☐ Fever ($\geq 100.4^{\circ}\text{F}$)
- ☐ Chills or Rigors
- ☐ Hypothermia ($< 95^{\circ}\text{F}$)
- ☐ Hypotension (less than 90/60)
- ☐ Nausea or vomiting
- ☐ Constipation
- ☐ Diarrhea (3 loose stools in a day)
- ☐ Evidence of SSTI or osteomyelitis through chart review or imaging
- ☐ I attest that none of the above or below was present on chart review (48hrs before or after urine culture)
- ☐ Lower UTI signs/symptoms- dysuria, urgency, frequency, suprapubic pain
- ☐ Upper UTI signs/symptoms - flank pain, flank tenderness

Select all Central Nervous System criteria that apply below (if present 48 hours before or after urine culture)

- ☐ Confusion/Delirium
- ☐ New or severe headache
- ☐ Changes in vision
- ☐ Tingling numbness
- ☐ One sided Weakness
- ☐ Lack of coordination
- ☐ Tremors
- ☐ Seizures
- ☐ Slurred speech
- ☐ Memory loss
- ☐ I attest that none of the above were present on chart review (48hrs before or after urine culture)
- ☐ Unresponsive

Select only if patient had Recent urologic procedure or local trauma (7 days from urine culture)

- ☐ Stent placement
- ☐ Catheter trauma
- ☐ Catheter irrigation
- ☐ Urologic surgery
- ☐ Other
- ☐ I attest that none of the above were present on chart review (7 days before or after urine culture)

Other recent urologic procedure or local trauma

Select only if patient had ongoing obstruction in and around the urinary tract (if present 48 hours before or after urine culture)

- ☐ Nephrolithiasis
- ☐ Urolithiasis
- ☐ Urologic or gynecologic malignancy causing obstruction
- ☐ Prostate enlargement
- ☐ Structural deformity causing reflux
- ☐ Other cause of obstruction
- ☐ I attest that none of the above were present on chart review (48hrs before or after urine culture)

Other obstruction

Select only if patient had functional problems in the urinary tract (if present 48 hours before or after urine culture)

- ☐ Urinary incontinence
- ☐ Urinary Retention
- ☐ Prolapse
- ☐ Neurogenic bladder
- ☐ Vaginal discharge, atrophy or dryness or history or exam (female)
- ☐ Signs of prostatitis/epididymitis (male)
- ☐ Renal transplant (within 1 month of txp)
- ☐ I attest that none of the above were present on chart review (48hrs before or after urine culture)

Select only if patient had medication related issue documented in notes (if present 48 hours before or after urine culture)

- ☐ Opioid overuse
- ☐ Polypharmacy
- ☐ Withdrawal
- ☐ Drug fever
- ☐ Other
- ☐ I attest that none of the above were present on chart review (48hrs before or after urine culture)
- ☐ Drug-drug interaction

Other medication issue

Abdominal exam findings on day of urine culture or the day before (focus on the abnormal ones)

- ☐ Normal
- ☐ Suprapubic tenderness
- ☐ Flank tenderness
- ☐ Abdominal tenderness (generalized or other)
- ☐ Abdominal distension
- ☐ Other, specify

Other abdominal exam findings

Reason documented for ordering UA

- ☐ Screening
- ☐ Fever
- ☐ Lower UTI symptoms- dysuria, urgency, frequency, suprapubic pain
- ☐ Upper UTI symptoms- flank pain, CVA tenderness
- ☐ Abdominal pain
- ☐ Confusion
- ☐ Other CNS reason- Stroke, etc
- ☐ Leukocytosis
- ☐ Renal or Metabolic monitoring
- ☐ Prior to or recent Urologic surgery/trauma or stone (within 7 days)
- ☐ No reason given
- ☐ Other-specify

Other reason documented for ordering UA

Reason for ordering Urine Culture	<div><input type="checkbox"/> Shock</div> <div><input type="checkbox"/> Fever</div> <div><input type="checkbox"/> Lower UTI symptoms- dysuria, urgency, frequency, suprapubic pain</div> <div><input type="checkbox"/> Upper UTI symptoms- flank pain, CVA tenderness</div> <div><input type="checkbox"/> Hematuria</div> <div><input type="checkbox"/> Confusion</div> <div><input type="checkbox"/> Positive urinalysis findings</div> <div><input type="checkbox"/> Leukocytosis</div> <div><input type="checkbox"/> Prior to or recent Urologic surgery/trauma or stone (within 7 days)</div> <div><input type="checkbox"/> Pregnant screening</div> <div><input type="checkbox"/> No reason given</div> <div><input type="checkbox"/> Other-specify</div>
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Oher reason for ordering Urine Culture	<div></div>
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Additional Comment	<div></div>
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