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

1. Date: _____________________
   Age: _______________________
   Gender: Male   Female

2. Did the patient have a urinary catheter in place at the time of diagnosis or in the 48 hours preceding diagnosis? _______________________________ Yes / No

3. Does the patient have any of the following underlying comorbidities? (Check all that apply)
   ___ Kidney stones   ___ Urologic abnormality
   ___ Pregnancy      ___ Neutropenia
   ___ History of renal transplant

4. Were any of the following signs or symptoms documented? (Check all that apply)
   ___ Dysuria        ___ Flank pain
   ___ Urgency        ___ Fever (>38°C) or rigors
   ___ Frequency      ___ WBC >11,000 cells/µL
   ___ Suprapubic pain ___ Nausea and/or vomiting
   ___ New onset delirium* ___ Other: ________________________________
   *Criteria should not be used alone. Should be taken into account with other signs and symptoms

5. Was a urinalysis sent? _______________________________ Yes / No
   A. If YES, was there evidence of pyuria (> 5-10 WBCs/high power field)? ______ Yes / No
   B. If YES, were epithelial cells noted? ______________________________ Yes / No
      Please specify number/high power field: ______
   C. If dipstick results available, were either of the following detected? (Check all that apply)
      ___ Leukocyte esterase    ___ Nitrites

6. Was a urine culture sent? _______________________________ Yes / No
   A. If YES, was the urine culture positive? ______________________________ Yes / No
   B. If culture was positive, document the organism(s) and colony count(s):
      ________________________________________________________________
Assessment of Appropriateness of Antibiotics for Urinary Tract Infections (UTIs) Audit Tool

7. If a urinalysis and/or urine culture were collected, please designate how urine was collected:
   ___ Clean catch        ___ Straight catheterization
   ___ Indwelling catheter  ___ Collection 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)? ________________ Yes / No
    A. If NO, was a reason for continuation documented? (Please specify below) ______ Yes / No

11. Were empiric antibiotics stopped, if no organism was isolated by culture? ______ Yes / No
    A. If NO, was an indication for continued antibiotics documented? __________ ______ Yes / No

12. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic? ____________________________ 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.
    _____ Days

15. Was an ID consult team involved in the patient’s care? __________________________ Yes / No

Reference: http://www.cdc.gov/getsmart/healthcare/implementation.html