



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/ μ L
 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):

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
Please specify indication for continuation: _____
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