

CAUTI EVENT DEFECT ANALYSIS

(attach to Infection Report)

Type of patient: M/S, Neuro

Patient's sex: M F BMI: _____ (Normal BMI is < 25)

Where IUC placed: PB2000, ANW ED, OR, another inpatient unit _____, outside facility_____. If on PB2000, was the 2-person checklist used? Yes or No

Order for IUC: Yes or No

Appropriate indication at time of placement: Yes or No

Date placed: _____

Date of CAUTI: _____

of days from insertion until CAUTI: _____

Appropriate indication at time of CAUTI: Yes or No

Date removed: _____

Previous UC: Yes or NO

UA ordered prior to UC order: Yes or No

WBC when UC was ordered: _____

Temp when UC was ordered: _____

Antibiotic use: Type: _____ Start: _____ Stop: _____

Microorganism: _____

Diarrhea: Yes or No Date began: _____

Fecal collection device: Yes or No Date applied: _____

Disposition of patient at time of CAUTI (patient story synopsis): _____

Other interesting findings (including reinsertion): _____