

Urinary tract infection includes symptomatic urinary tract infection, asymptomatic bacteriuria, and other infections of the urinary tract.

**Symptomatic urinary tract infection must meet one of the following criteria:**

- ◆ One of the following: fever ( $>38^{\circ}$ ), urgency, frequency, dysuria, or suprapubic tenderness AND a urine culture of  $> 10^8$  colonies/L urine with no more than two species of organisms.
- ◆ Two of the following: fever ( $>38^{\circ}$ ), urgency, frequency, dysuria, or suprapubic tenderness AND any of the following:
  - Dipstick test positive for leukocyte esterase and/or nitrate.
  - Pyuria ( $>5$  WBC/high power field of spun urine).
  - Two urine cultures with repeated isolation of the same uropathogen with  $> 10^5$  colonies/L urine in nonvoided specimens.
  - Urine culture with  $> 10^8$ /L of single uropathogen in-patient being treated with appropriate antimicrobial therapy.
  - Physician's diagnosis.
  - Physician institutes appropriate antimicrobial therapy.
- ◆ Client  $< 12$  months of age has one of the following: fever ( $> 38^{\circ}$ ), hypothermia ( $<37^{\circ}$ ), apnea, bradycardia, dysuria, lethargy, or vomiting AND urine culture of  $>10^8$  colonies/L urine with no more than two species of organisms.
- ◆ Client  $> 12$  months of age has one of the following: fever ( $>38^{\circ}$ ), hypothermia ( $<37^{\circ}$ ), apnea, bradycardia, dysuria, lethargy, or vomiting AND any of the following:
  - Dipstick test positive for leukocyte esterase and/or nitrate.
  - Pyuria.
  - Organisms seen on gram stain of unspun urine.
  - Two urine cultures with repeated isolation of the same uropathogen with  $>10^5$  colonies/L urine in nonvoided specimens.
  - Urine culture with  $>10^8$ /L urine of single uropathogen in-patient being treated with appropriate antimicrobial therapy.
  - Physician's diagnosis.
  - Physician institutes appropriate antimicrobial therapy.

**Asymptomatic bacteriuria must meet either of the following criteria:**

- ◆ An indwelling urinary catheter is present within 7 days before urine is cultured AND patient has no fever ( $<38^{\circ}$ ), urgency, frequency, dysuria, or suprapubic tenderness AND has urine culture  $>10^8$  organisms/L urine with no more than two species of organisms.
- ◆ No indwelling urinary catheter is present within 7 days before the first two urine cultures with  $> 10^8$  organisms/L urine with no more than two species of organisms.
- ◆ No indwelling urinary catheter is present within 7 days before the first of two urine cultures with  $>10^8$  organisms/L urine of the same organism with no more than two species of organisms, AND patient has no fever ( $>38^{\circ}$ ), urgency, frequency, dysuria, or suprapubic tenderness.

**NOTE:** For urine specimens to be of value in determining whether a healthcare associated infection exists, they must be obtained aseptically using an appropriate technique, such as clean catch collection, bladder catheterization, or suprapubic aspiration.

Other infections of the urinary tract (kidney, ureter, bladder, urethra, or tissues surrounding the retroperitoneal or perinephric spaces) must meet one of the following criteria:

- ◆ Organisms isolated from culture of fluid (other than urine) or tissue from affected site.
  
- ◆ An abscess or other evidence of infection seen on direct examination, during surgery, or by histopathologic examination.
  
- ◆ Two of the following: (fever (>38°), localized pain, or tenderness at involved site AND any of the following:
  - Purulent drainage from affected site.
  - Organism isolated from blood culture.
  - Radiographic evidence of infection.
  - Physician's diagnosis.
  - Physician institutes appropriate antimicrobial therapy.
  
- ◆ Client < 12 months of age has one of the following: fever (>38°), hypothermia (37°), apnea, bradycardia, lethargy, or vomiting AND any of the following:
  - Purulent drainage from affected site.
  - Organism isolated from blood culture.
  - Radiographic evidence of infection.
  - Physician's diagnosis.
  - Physician institutes appropriate antimicrobial therapy.