2025 NHSN CAUTI Medical Record Abstraction Tool (MRAT)

V1.0 Updated January 2026 – for validating 2025 data

Refer to associated 2025 MRAT instructions for additional details.

Section 1. Patient Information and Screening Questions			
1a. Patient Information			
Facility (NHSN) OrgID:	Date of Audit: ___ / ___ / ___	Review Start Time: End Time:	Reviewer Initials:
Patient ID:	Patient DOB: ___ / ___ / ___	Facility Admission Date: ___ / ___ / ___	Facility Discharge Date: ___ / ___ / ___
1b. Screening Questions			
b1. Was selected positive urine culture (PUC) collected on or before Facility Day 2 (the day of physical admission to an inpatient location is Facility Day 1)?			☐ Yes -> STOP, proceed to Section 8 and select outcome (a) Not a candidate Surveillance Location (SL) CAUTI ☐ No -> Continue to b2
b2. Was an eligible indwelling urinary catheter (IUC)* in place for >2 calendar days in an inpatient location (if an indwelling urinary catheter was in place on admission, the day of physical admission to an inpatient location is indwelling urinary catheter Day 1) AND in place on, or the day prior to, the date of selected PUC collection?			☐ Yes -> Is a Candidate SL CAUTI, continue to b3 ☐ No -> STOP, proceed to Section 8 and select outcome (a) Not a candidate SL CAUTI
b3. Did the selected PUC meet any of the following criteria**? • Contained two or more species of organisms/“mixed flora” • Any yeast or yeast species • Mold • Dimorphic fungi • Parasites			☐ Yes -> STOP, proceed to Section 8 and select outcome (a) Not a candidate SL CAUTI ☐ No -> Is a Candidate SL CAUTI, proceed to Section 2
**An eligible IUC is defined as a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags). These devices are also often called Foley catheters. IUCs that are used for intermittent or continuous irrigation are also included in CAUTI surveillance. Condom or straight in-and-out catheters are not included nor are nephrostomy tubes, ileoconduits, or suprapubic catheters unless an IUC is also present.* ***An eligible urine culture may include these organisms if one bacterium of ≥10^5 CFU/ml is also present (10^5 = 100,000)*			

Section 2. Positive Urine Cultures and Symptoms

2a. Positive Urine Cultures (PUC): *Enter the selected PUC in row 1. Then review the 14 days prior to the selected PUC and enter any additional PUCs found. If additional PUCs are found, review the next 14 days from the earliest culture. Repeat this until no additional PUCs are found or admit date is reached.*

PUC #	Specimen Collection Date	Indwelling urinary catheter on this date or day before?	Organism genus/species (maximum 2)*	Dates of UTI IWP	Symptoms during UTI IWP	Matching PBC within UTI IWP	RIT End Date
1	___/___/___	Y N		__/__/__ to __/__/__	Y N	Y N NA	___/___/___
2	___/___/___	Y N		__/__/__ to __/__/__	Y N	Y N NA	___/___/___
3	___/___/___	Y N		__/__/__ to __/__/__	Y N	Y N NA	___/___/___
4	___/___/___	Y N		__/__/__ to __/__/__	Y N	Y N NA	___/___/___

*An eligible PUC should have no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml.
IWP=Infection Window Period; PBC=Positive Blood Culture; RIT=Repeat Infection Timeframe
Add rows if needed

2b. Symptoms: For each PUC entered in Section 2a, select one or more symptoms below. Symptoms are required to occur within the IWP to meet UTI criteria. If PUC had no symptoms during the IWP, select "No UTI symptoms" and proceed to Section 3.

PUC #	No UTI symptoms	Apnea ≤ 1yo only	Bradycardia ≤ 1yo only	Costovertebral angle pain or tenderness	Dysuria	Fever	Frequency	Hypothermia ≤ 1yo only	Lethargy ≤ 1yo only	Suprapubic Tenderness	Urgency	Vomiting ≤ 1yo only
1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Add rows if needed

Section 3. Location of Attribution: *Enter the facility location of attribution for the selected PUC*

Admit/Transfer IN: ___/___/___	Discharge/ Transfer OUT: ___/___/___	Location Name (including ED):

Section 4. UTI Event Qualification and Type Refer to Table 1 on the MRAT instruction sheet to determine if selected PUC met criteria for a UTI event. All elements listed in a column of Table 1 are required within the IWP.
4a. Did selected PUC qualify as a UTI event?
☐ Yes → Proceed to 4b to select the type of UTI and enter Date of Event (DOE). Then proceed to Section 5. ☐ No → If no UTI definition was met, proceed to Section 8 and select outcome (b) No UTI; Asymptomatic but no matching blood pathogen
4b. Select the type of UTI and enter Date of Event
☐SUTI 1a (CAUTI) ☐ SUTI 1b (non-CAUTI) ☐ SUTI 2 ☐ABUTI Date of Event: ___/___/___

Section 5. Was selected PUC's UTI a Healthcare-Associated Infection (HAI) or Present on Admission (POA)?	
Did the date of event of UTI occur during the POA time period of 2 days before admission to the day after admission? Select Yes or No.	
☐ Yes	If Yes, UTI was POA. Proceed to Section 8 and select outcome (c) POA UTI.
☐ No	If No, UTI was an HAI. Proceed to Section 6.

Section 6. Was this HAI-UTI a CAUTI?	
Select Yes or No. Note: If the patient was admitted to a facility/ED with an indwelling urinary catheter in place, date of admission to inpatient location is device day 1	
☐ Yes	If Yes, HAI-UTI is CAUTI. Proceed to Section 7.
☐ No	If No, HAI-UTI was not CAUTI. Proceed to Section 8 and select (d) HAI-UTI not CAUTI.

Section 7. Was Location of Attribution (LOA) a Surveillance Location (SL)?	
7a. Was patient in a SL on the date of UTI Event* or day before UTI event? *(Select Yes or No)*	
☐ Yes	If Yes, proceed to 7b.
☐ No	If No, CAUTI was not attributable to SL. Proceed to Section 8 and select outcome (e) CAUTI not SL attributable.
7b. Was patient transferred to SL from another facility or bedded inpatient location, on date of UTI Event or day before UTI Event? *(Select Yes or No)*	
☐ Yes	If Yes, LOA was the transferring location**. Proceed to 7c.
☐ No	If No, LOA was location at time of UTI Event. Proceed to Section 8 and select outcome (f) SL CAUTI.
7c. Was the transferring location** a SL? *(Select Yes or No)*	
☐ Yes	If Yes, LOA (transferring location) was a surveillance location. Proceed to Section 8 and select outcome (f) SL CAUTI.

☐ No	If No, LOA (transferring location) was NOT a surveillance location. Proceed to Section 8 and select outcome (e) CAUTI not SL attributable.

**Date of UTI Event is date when first of required UTI elements occurred during the UTI IWP.*
***If patient is transferred more than once on the day of or the day before the UTI Event, the FIRST transferring location from that time period is the LOA.*

Section 8. Outcome and Case Classification

8a. Outcome Determination: Select the most appropriate outcome for the selected PUC.

a) Not a candidate SL CAUTI
b) No UTI; Asymptomatic but no matching blood pathogen
c) POA UTI (not HAI)
d) HAI-UTI not CAUTI
e) CAUTI not SL attributable
f) SL CAUTI

8b. Case Classification: Determine the applicable classification for the selected PUC. If the selected PUC was misclassified by the facility, proceed to 8c.

☐ **Correctly Reported or Correctly Not Reported HAI** ☐ **Over Reported HAI** ☐ **Under Reported HAI**

8c. Misclassification Reason: Select the most appropriate reason for the misclassification. If an "Other" option is chosen, specify the reason.

(I) General HAI definition misapplication:

a) Incorrect LOA
b) Date of event incorrect
c) IWP set incorrectly
d) RIT applied incorrectly
e) Did not identify elements present in IWP
f) POA/HAI applied incorrectly
g) Other (specify): _____

(II) CAUTI criteria misapplied:

a) Indwelling urinary catheter not in place > 2 days in an inpatient location on date of event
b) Urine culture not appropriate
c) Asymptomatic CAUTI reported
d) Missed CAUTI due to indwelling urinary catheter removed day of or day before the date of event
e) Missed CAUTI due to location transfer/discharge on date of event or day before
f) ABUTI identified incorrectly
g) Other (specify): _____

(III) Additional Reasons:

a) Missed case finding/failure to review positive culture
b) Clinical over-rule
c) Used outdated criteria
d) No urine culture in chart
e) Other (specify): _____

Don't forget to record the abstraction end time on page 1.