**Note to Attending Physician/Prescriber**

Resident: DOB:

Care Center: Station: Room: Bed:

Physician/Prescriber:

 MRR Date:

This resident was receiving [drug, dose, frequency] prescribed for UTI with an indwelling catheter. The urine culture results report [no growth/mixed bacterial flora/growth that is not meeting the following criteria for infection]. Based on the revised McGeer Criteria for suspected UTI with an indwelling catheter, this resident did not meet the following microbiologic criteria for the diagnosis of UTI:

* Urinary catheter specimen culture with ≥ 105 cfu/mL of any organism(s)

**Physician / Prescriber Response**

[ ]  Antibiotic therapy was indicated for this resident due to [please provide reason below]:

Signature: Date:

Reference:

Stone ND, *et al*. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012;33:965-77.