**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 suspected UTI without an indwelling catheter. The urine culture results report [no growth/mixed bacterial flora/growth that is not meeting the criteria for infection]. Based on the revised McGeer Criteria for suspected UTI without an indwelling catheter, this resident did not meet any 1 of the following microbiologic criteria for the diagnosis of UTI:

1. ≥ 105 cfu/mL of no more than 2 species of organisms in a voided urine sample
2. ≥ 102 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter

**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.