

COLLECTIVE QA REPORT: UTI MANAGEMENT

Review Period: ___ Weekly ___ Monthly ___ Quarterly Date of Review: _____

Total # of patients seen: _____ Adverse Outcomes: ___ Y ___ N

SUMMARY STATEMENT: On the above date, _____ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following UTI Management indicators:

1. Documentation of symptoms of dysuria
2. Documentation of previous UTIs
3. If Culture and Sensitivity Ordered were appropriate antibiotics initially prescribed?
4. Was Culture and Sensitivity Ordered was the culture NEGATIVE?

Chart #/Identifier			
Date of Service			
D=Discussed –noted changes which are needed √ = Appropriate NA=Not applicable	1. 2. 3. 4.		

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MD/DO has reviewed / discussed all of the above with CRNP. All adverse events have been reviewed and ***noted with the letter A.***

_____ MD/DO Date: _____

_____ CRNP Date: _____