

**ADDITIONAL INFORMATION****Location of Attribution***(Last updated March, 2009)*

**Location of Attribution:** the location where the patient was assigned on the date of the UTI event, which is further defined as the date when the first clinical evidence appeared or the date the specimen used to meet the criterion was collected, whichever came first. **EXAMPLE:** Patient, who had no clinical signs or symptoms of UTI upon arrival to Emergency Department, has a Foley catheter inserted there before being admitted to the MICU. Within 24 hours of admission to the MICU, patient meets criteria for UTI. This is reported to the NHSN as a CAUTI for the MICU because the Emergency Department is not an inpatient location and no denominator data are collected there.

**EXAMPLE:**

- Patient on the urology ward of Hospital A had the Foley catheter removed and is discharged home a few hours later. The ICP from Hospital B calls the next day to report that this patient has been admitted to Hospital B with a UTI. This CAUTI should be reported to NHSN for Hospital A and attributed to the urology ward.
- Patient, who had no clinical signs or symptoms of sepsis upon arrival to the Emergency Department, has a central line inserted there before being admitted to the MICU has a central line inserted in the Emergency Department and then is admitted to the MICU. Within 24 hours of admission to the MICU, patient meets criteria for BSI. This is reported to NHSN as a CLABSI for the MICU because the Emergency Department is not an inpatient location and no denominator data are collected there.
- Patient is intubated and ventilated in the Operating Room and then is admitted to the MICU. Within 24 hours of admission to the MICU, patient meets criteria for PNEU. This is reported to NHSN as a VAP for the MICU, because the Operating Room is not an inpatient location and no denominator data are collected there.

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**Transfer Rule***(Last updated March, 2009)*

**Transfer Rule:** If an event (e.g., CLABSI or UTI) develops within 48 hours of transfer from one inpatient location to another in the same facility, or a new facility, the infection is attributed to the transferring location. This is called the Transfer Rule and examples are shown below.

**EXAMPLE:**

- Patient with a Foley catheter in place in the SICU is transferred to the surgical ward. Thirty six (36) hours later, the patient meets the criteria for UTI. This is reported to NHSN as a CAUTI for the SICU.
- Patient is transferred to the medical ward from the MSICU after having the Foley catheter removed. Within 24 hours, patient meets criteria for UTI. This is reported to NHSN as a CAUTI for the MSICU.
- Patient with a Foley catheter in place is transferred from the medical ward to the coronary care ICU (CCU). After 4 days in the CCU, the patient meets the criteria for UTI. This is reported to NHSN as a CAUTI for the CCU.
- Thirty six (36) hours later, the patient meets the criteria for BSI. This is reported to NHSN as a CLABSI for the SICU.

**ADDITIONAL INFORMATION**

- Patient is transferred to the medical ward from the MSICU after having the central line removed. Within 24 hours, patient meets criteria for a BSI. This is reported to NHSN as a CLABSI for the MSICU.
- Patient with a central line in place is transferred from the medical ward to the coronary care ICU (CCU). After 4 days in the CCU, the patient meets the criteria for a BSI. This is reported to NHSN as a CLABSI for the CCU.
- Patient on the urology ward of Hospital A had the central line removed and is discharged home a few hours later. The IP from Hospital B calls the next day to report that this patient has been admitted to Hospital B with a BSI. This CLABSI should be reported to NHSN for, and by, Hospital A and attributed to the urology ward. No additional catheter days are reported.
- Patient on a ventilator in the SICU is transferred to the surgical ward. Thirty six (36) hours later, the patient meets the criteria for PNEU. This is reported to NHSN as a VAP for the SICU.
- Patient is transferred to the medical ward from the MSICU after having ventilator removed. Within 24 hours, the patient meets criteria for a PNEU. This is reported to NHSN as a VAP for the MSICU.
- Patient on a ventilator is transferred from the medical ward to the coronary care ICU (CCU). After 4 days in the CCU, the patient meets the criteria for a PNEU. This is reported to NHSN as a VAP for the CCU.
- Patient on the Respiratory ICU (RICU) of Hospital A had the endotracheal tube and ventilator removed and is discharged home a few hours later. The ICP from Hospital B calls the next day to report that this patient has been admitted to Hospital B with a PNEU. This VAP should be reported to NHSN for, and by, Hospital A and attributed to the RICU. No additional ventilator days are reported.

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**Primary vs. Secondary Infection Attribution**  
*(Last updated September, 2011)*

**DEFINITION:** Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, if all other criteria besides fever are met, both infections would be reported if surveillance for both of these events were being performed.

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URL: [www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf](http://www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf)