Form	App	oroved
OMB	No	0020-0000

PATIENT ID: ____ ____

Invasive Methicillin-resistant *Staphylococcus aureus* Active Bacterial Core Surveillance (ABCs) Case Report

Patient Name:(Last, First, M.I.)			Phone: ()								
Address:(Number, Street, Apt#)			Chart number:								
					Hospital:						
(City) (State) (Zip) - Patient Identinier Information is Not Transmitted to CUU-											
	DUNTY: nce of Patient)		3. STATE I.D.:			4a. HOSP		AB WHERE IFIED:		ITAL ID WH TREATED:	ERE
				$\perp \perp$			$\perp \perp$		ГШ	$\perp \perp \perp \perp$	
5. DATE OF BIRTH: Mo Day Year	6a. AGE:	6b. Is age in day/mo/yr? 1 Days 2 Mos. 3 Yrs.	y/mo/yr?								
7f. TYPE OF INSURANCE: (IChe			_				-		or other Pacific		
1 ☐ Medicare 1 ☐ Indian Health Service (HIS) 1 ☐ No health cover 1 ☐ Military/VA 1 ☐ Private/HMO/PPO/managed care 1 ☐ Unknown 1 ☐ Other: (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				erage				_lboz ft in (kg ∐Unk cm □ Unk	
8. WAS PATIENT HOSPI	TALIZED?	9. WAS	AN INFECTION		10.	OCATION					
1 Yes 2 N	Yes 2 No No No No No No No No No No			Was	10. LOCATION OF CULTURE COLLECTION: (Check ONE) Hospital Inpatient 5 □ Nursing Home 8 □ Prison/Jail 1 □ ICU 2 □ Other Unit 6 □ Rehabilitation Facility 9 □ Unknown 3 □ Emergency Room 7 □ Home Health 4 □ Outpatient 10 □ Other: (specify)						
Mo Day	Year	2	0		12.	DATE OF I	NITIAL (CULTURE:	Mo D	ay Ye	ear
		9	nknown								
11. PATIENT OUTCOME: 9 UNKNOWN				13. STERILE SITE(S) FROM WHICH MRSA WAS INITIALLY							
1 SURVIVED 2 DIED				ISOLATED: (Check ALL that apply)							
Discharged to: (Check ONE)				1 ☐ Blood 1 ☐ Joint/Synovial fluid 1 ☐ CSF 1 ☐ Bone							
Date of Death: 1 Home			ear	1 ☐ CSF 1 ☐ Bone 1 ☐ Pleural fluid 1 ☐ Internal body site (<i>specify</i>)							
	2 ☐ Nursing Home 5 ☐ Prison/Jail				1 Peritoneal fluid						
				usal?	1 ☐ Pericardial fluid 1 ☐ Other sterile site (specify)						
6 ☐ Other (<i>specify</i>):1 ☐ Yes 2 ☐ No 9 ☐ Unknown											
14. Were cultures of the SAME sterile site(s) positive between 7 and 30 days after initial culture? 1 Yes 2 No 9 Unknown				16. NON-STERILE SITE(S) FROM WHICH MRSA WAS ISOLATED WITHIN 72 HOURS BEFORE OR AFTER INITIAL STERILE SITE CULTURE COLLECTION: (Check ALL that apply) NONE UNKNOWN							
15. Were cultures of OTHER sterile site(s) positive within 30 days of initial			itial	1 Sputum 1 Urine 1 ∏Throat/Nasopharynx							
culture? 1 Yes 2 No 9 Unknown If YES, list site(s):				1 Nares 1 Catheter/Device 1 Other 1 Skin 1 Rectal/Stool							
1 ☐Blood 1 ☐ Pericardial fluid 1 ☐ Internal body site (<i>specify</i>)			If SKIN, check culture type(s) below: (Check ALL that apply)								
1 ☐ CSF 1 ☐ Joint/Synovial fluid ————————————————————————————————————			1 ☐ Traumatic Wound 1 ☐ Pressure Ulcer 1 ☐ Not Specified								
1 ☐ Pleural fluid 1 ☐ Bone 1 ☐ Other sterile site (specify)			1 ☐ Surgical Incision 1 ☐ Wound 1 ☐ Other: (specify)								
1 Peritoneal fluid 1 Abscess 1 Exit site											
17. TYPES OF MRSA INFECTION ASSOCIATED WITH CULTURE(S): (Check ALL that apply) 1 NONE 1 UNKNOWN											
Bacteremia 1 Meningitis Endocarditis Septic Arthritis 1 Cellulitis 1 Other: (spec				Other: (speci	fy)						
1 Primary 1 Peritonitis 1 Native valve 1			1 Native Joint 1 Traumatic Wound								
				Prosthetic Joint 1 Surgical Incision							
9 Not Specified 1 Osteomyelitis 1 Abscess (not skin) 1 Bu			_		1	Pressure Uld	cer				
1 Empyema 1 Urinary Tract 1 Surgical site (internal) 1 Septic Shock											

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1000 Clifton Road NE, MB, D-14, Allarias, Georgia 30333; ATIN: PAR (0822-009), Rev 12-2009), Rev 12-2009), Rev 12-2009, Re

18. UNDERLYING CONDITIONS: (Check ALL that apply) (If	f none or no chart available, check appropriate box) 1 NONE 1 UNKNOWN						
1 ☐ Current Smoker 1 ☐ Alcohol Abuse 1 ☐ Atherosclerotic Cardiovas 1 ☐ IVDU Disease (ASCVD)/CAD 1 ☐ HIV 1 ☐ CVA/Stroke (Not TIA) 1 ☐ AIDS or CD4 count<200 1 ☐ Solid Organ Malignancy 1 ☐ Hematologic Malignancy 1 ☐ Systemic Lupus Erythema 1 ☐ Peripheral Vascular 1 ☐ Sickle Cell Anemia	1 Chronic Liver Disease 1 Other Dermatological Condition(s): (specify) 1 Rheumatoid Arthritis 1 Obesity 1 Influenza (within 10 days of 1 Other condition(s): (specify)						
Disease (PVD) 19. CLASSIFICATION – Healthcare-associated and Community-associated: (Check ALL that apply) 1 NONE 1 UNKNOWN							
1 ☐ Previous documented MRSA infection or colonization If YES: Month Year OR previous STATEID: 1 ☐ Culture collected > 48 hours after hospital admission. 1 ☐ Hospitalized within year before index culture date.	1 Residence in a long-term care facility within year before index culture date: If YES: 1 \subseteq Nursing Home 3 \subseteq Other: (specify) 2 \subseteq Rehabilitation Facility 9 \subseteq Unknown Resident at time of culture: 1 \subseteq Yes 2 \subseteq No 9 \subseteq Unknown						
□ Surgery within year before index culture date. □ Dialysis within year before index culture date. (Hemodialysis or Peritoneal dialysis)	1 ☐ Invasive device or catheter in place at time of admission/evaluation? If YES: (Check ALL that apply) 1 ☐ Urinary 1 ☐ Gastrointestinal 1 ☐ Other 1 ☐ Respiratory 1 ☐ Central Vascular						
20. SUSCEPTIBILITY RESULTS: [S=Sensitive (1), I=Intermediction of the content of	S						
22. WAS CULTURE POLYMICROBIAL? If YES, list other bacterial species isolated: 1 Yes 2 No 9 Unknown 1 3 4							
	(Was antibiotic treatment initiated or changed?)						
25. Was case first identified through audit? 1	of S.O.: Mo Day Year Own						