

*Facility ID # : _____		*Event # : _____	
*Patient ID # : _____		Social Security # : _____ - _____ - _____	
Secondary ID # : _____			
Patient name, Last: _____		First: _____	Middle: _____
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M		*Date of Birth: ___/___/___	
Race: (specify) _____		Ethnicity: (specify) _____	
*Event Type: _____		*Date of Event: ___/___/___	
*Post Procedure Event: <input type="checkbox"/> Y <input type="checkbox"/> N		Date of Procedure: ___/___/___	
NHSN Procedure Code: _____		ICD-9-CM Procedure Code: _____	
*Location: _____		*Date Admitted to Facility: ___/___/___	
*MDRO Infection Event: <input type="checkbox"/> Y <input type="checkbox"/> N			
Event Details			
*Specific Event Type: _____			
*Secondary Bloodstream Infection: <input type="checkbox"/> Y <input type="checkbox"/> N			
**Died: <input type="checkbox"/> Y <input type="checkbox"/> N		Event Contributed to death: <input type="checkbox"/> Y <input type="checkbox"/> N	
Discharge Date: ___/___/___			
*Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N		*If Yes, specify on reverse →	
C.Diff			
**Admitted to ICU for CDAD complications: <input type="checkbox"/> Y <input type="checkbox"/> N			
**Surgery for CDAD complications: <input type="checkbox"/> Y <input type="checkbox"/> N			
Custom Fields			
Label		Label	
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Comments			

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 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. An agency may not conduct or sponsor, and a person is not required to respond to a 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, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

MDRO Infection Event

Pathogens: Select up to 3 organisms

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci	VANC									
		S I R N									
_____	Enterococcus faecalis	AMP	DAPTO	LNZ	PENG	VANC					
		S I R N	S I R N	S I R N	S I R N	S I R N					
_____	Enterococcus faecium	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC				
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N				
_____	Staphylococcus aureus	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

Pathogen #	Gram-negative Organisms										
_____	Acinetobacter spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Escherichia coli	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Enterobacter spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Klebsiella oxytoca	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Klebsiella pneumoniae	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Serratia marcescens	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Pseudomonas aeruginosa	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP	
		S I R N	S I R N		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Stenotrophomonas maltophilia	TMZ									
		S I R N									

Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 2 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 3 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

AMK = amikacin
AMP = ampicillin
AMPSUL = ampicillin/sulbactam
CEFEP = cefepime
CEFOT = cefotaxime

CEFTAZ = ceftazidime
CEFTRX = ceftriaxone
CIPRO = ciprofloxacin
CLIND = clindamycin
DAPTO = daptomycin

ERYTH = erythromycin
GENT = gentamicin
IMI = imipenem
LEVO = levofloxacin
LNZ = linezolid
MERO = meropenem
OX = oxacillin

PENG = penicillin G
PIP = piperacillin
PIPTAZ = piperacillin / tazobactam
QUIDAL = quinupristin / dalbapristin
RIF = rifampin
TMZ = trimethoprim / sulfamethoxazole
VANC = vancomycin

Result codes:
S = susceptible I = intermediate
R = resistant N = not tested