

# Pneumonia (PNEU)

\*required      \*\*required for saving

*Facility ID # : _____		*Event # : _____	
*Patient ID # : _____		Social Security # : _____ - _____ - _____	
Secondary ID # : _____			
Patient Name, Last: _____		First: _____	Middle: _____
*Gender:    ___ F    ___ M		*Date of Birth: ___ / ___ / _____	
Ethnicity (specify): _____		Race (specify): _____	
*Event Type: <u>  PNEU  </u>		*Date of Event: ___ / ___ / _____	
*Post-procedure PNEU: ___ Y ___ N		Date of Procedure: ___ / ___ / _____	
NHSN Procedure Code: _____		ICD-9-CM Procedure Code: _____	
*Location: _____		*Date Admitted to Facility: ___ / ___ / _____	
MDRO Infection: ___ Y ___ N			
<b>Risk Factors:</b>			
*Ventilator: ___ Y ___ N		Location of Device Insertion: _____	Date of Device Insertion: ___ / ___ / _____
FOR NICU only: _____		Birth weight: _____ grams	
<b>Event Details</b> *PNEU			
_____ Clinically defined pneumonia (PNU1) - Specify criterion used: _____			
_____ Pneumonia with specific laboratory findings (PNU2) - Specify criterion used: _____			
_____ Pneumonia in immunocompromised patients (PNU3) - Specify criterion used: _____			
*Secondary Bloodstream Infection: ___ Y ___ N		PNEU Contributed to Death: ___ Y ___ N	
**Died: ___ Y ___ N			
Discharge Date: ___ / ___ / _____			
*Pathogens Identified: ___ Y ___ N		If Yes, specify on reverse →	
<b>Custom Fields</b>			
Label		Label	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
<b>Comments</b>			
_____			
_____			

**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).

**PNEU**

Pathogens: Select up to 3 organisms

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci (specify)	VANC									
		S I R N									
_____	<i>Enterococcus faecalis</i>	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					
_____	<i>Enterococcus faecium</i>	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				
_____	<i>Staphylococcus aureus</i>	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										
_____	<i>Acinetobacter spp.</i> (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
_____	<i>Escherichia coli</i>	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
_____	<i>Enterobacter spp.</i> (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
_____	<i>Klebsiella oxytoca</i>	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
_____	<i>Klebsiella pneumoniae</i>	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
_____	<i>Serratia marcescens</i>	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
_____	<i>Pseudomonas aeruginosa</i>	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
_____	<i>Stenotrophomonas maltophilia</i>	TMZ									
		S I R N									

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

AMK = amikacin      CEFTAZ = ceftazidime      ERYTH = erythromycin      PENG = penicillin G      Result codes:  
 AMP = ampicillin      CEFTRX = ceftriaxone      GENT = gentamicin      PIP = piperacillin      S = susceptible      I = intermediate  
 AMPSUL = ampicillin/sulbactam      CIPRO = ciprofloxacin      IMI = imipenem      QUIDAL = quinupristin / dalfopristin      R = resistant      N = not tested  
 CEFEP = cefepime      CLIND = clindamycin      LEVO = levofloxacin      RIF = rifampin  
 CEFOT = cefotaxime      DAPTO = daptomycin      MERO = meropenem      TMZ = trimethoprim / sulfamethoxazole  
 OX = oxacillin      VANC = vancomycin