**2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: EIP TEAM ANTIMICROBIAL USE FORM**

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| **CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**   | **Survey date:** [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]   | **Date form completed:**[ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]   |
| **Data collector initials: \_\_\_\_\_\_\_\_** |  |

**\*\*[ ] Check here if no antimicrobials were administered on the survey date or the calendar day prior to the survey date (\*be sure to consider whether dialysis qualification applies—see Primary Team/EIP Team Data Collection Form). Otherwise, fill in information, complete pages 1 AND 2 of form.**

**\*\*[ ] Check here if >6 antimicrobial agents administered on the survey date or the calendar day prior to the survey date (\*be sure to consider whether dialysis qualification applies—see Primary Team/EIP Team Data Collection Form), AND enter additional antimicrobial agents on another Antimicrobial Use Form.**

**This is Antimicrobial Use Form # \_\_\_\_\_\_ out of a total of \_\_\_\_\_\_ Antimicrobial Use Form(s) for this patient.**

**Therapeutic site codes**: **BJI** = Bone or joint, **BSI** = Bloodstream infection, **CNS** = Central nervous system, **CVI** = Cardiovascular (other than BSI), **DIS** = Systemic, disseminated infection, **ENT** = Eyes, ears, nose, throat (includes upper respiratory infection, **GTI** = Gastrointestinal tract, **HEB** = hepatic and biliary system infections (including pancreas), **IAB** = intraabdominal infection other than GTI and HEB (e.g., spleen abscess), **LRI** = Lower respiratory infection, **REP** = Reproductive tract infection, **SST** = Skin or soft tissue infection (includes muscle infection), **UTI** = Urinary tract infection, **UND** = Undetermined, **Other** = specify other site.

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

***Continued on page 2 🡪*2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: EIP TEAM ANTIMICROBIAL USE FORM *(continued)***

**CDC ID:** **[ ] [ ]** -[ ] [ ] [ ] [ ] [ ]

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

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| **Drug** | **Route** ***(check one)*:** | **Rationale*****(check all that apply)*:** |  | ***If Rationale is “Treatment of active infection,” then complete the following:*** |
|  | **Clinician-defined therapeutic site*****(check all that apply)*:** |  | **Infection onset*****(check all that apply)*:** |
|  | [ ] IV or IM[ ] Oral/enteral[ ] Inhaled | [ ] Medical prophylaxis[ ] Surgical prophylaxis[ ] Treatment of active infection[ ] Non-infectious[ ] None documented |  | [ ] BJI[ ] BSI[ ] CNS[ ] CVI[ ] DIS[ ] ENT | [ ] GTI[ ] HEB[ ] IAB[ ] LRI[ ] REP | [ ] SST[ ] UTI[ ] UND[ ] Unknown[ ] Other: \_\_\_\_\_\_\_ | **AND** | [ ] Your hospital[ ] Other healthcare facility[ ] Community[ ] Unknown |

**Check one of the boxes below and follow the corresponding instructions:**

**[ ]  If Rationale for ANY antimicrobial drug administered to the patient is “None documented” or “Treatment of active infection” 🡪 *GO TO HAI FORM.***

**[ ]  If Rationale for EVERY antimicrobial drug administered to the patient is “Medical prophylaxis,” “Surgical prophylaxis” or “Non-infectious” 🡪**

***DON’T fill out HAI Form. Data collection complete.***

**2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: EIP TEAM HAI FORM**

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| **CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**   | **Survey date:**[ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]   |
| **Date form completed:** [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]  | **Data collector initials:** \_\_\_\_\_\_\_\_\_\_ |
| **Does the patient have an HAI *(check one)*?**  |
| **[ ]** No🡪 *data collection complete***[ ]** Yes🡪 ***complete the table and questions below.*** |

**Enter only one HAI on each HAI Form. This is HAI Form # \_\_\_\_\_ out of \_\_\_\_\_ total HAI Forms for this patient.**

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| ***HAI*** | ***Specific Site*** | ***Device and Procedure Information*** | ***Comments*** |
| **[ ] UTI** | [ ] SUTI [ ] ABUTI [ ] OUTI | **Catheter-associated?** [ ] No [ ] Yes |  |
| **[ ] PNEU** | [ ] PNU1 [ ] PNU2 [ ] PNU3 | **Ventilator-associated?** [ ] No [ ] Yes |  |
| **[ ] BSI** | [ ] LCBI  | **Central line-associated?**[ ] No [ ] Yes |  |
| **[ ] SSI** | [ ] SUP INC [ ] DEEP INC[ ] ORGAN/SPACE*(for ORGAN/SPACE, specify site : \_\_\_\_\_\_\_\_\_\_\_)* | **Operative procedure category code:** **[ ] [ ] [ ] [ ] [ ]**  |  |
| **[ ] BJ** | [ ] BONE [ ] JNT [ ] DISC |  |  |  |
| **[ ] CNS** | [ ] IC [ ] MEN [ ] SA |  |  |  |
| **[ ] CVS** | [ ] VASC [ ] ENDO  | [ ] CARD [ ] MED  |  |  |
| **[ ] EENT** | [ ] CONJ [ ] EYE[ ] EAR | [ ] ORAL [ ] SINU [ ] UR |  |  |
| **[ ] GI** | [ ] GE [ ] GIT [ ] HEP  | [ ] IAB [ ] TRANS[ ] NEC[ ] CDI |  |  |
| **[ ] LRI** | [ ] BRON [ ] LUNG |  |  |
| **[ ] REPR** | [ ] EMET [ ] EPIS | [ ] VCUF [ ] OREP |  |  |
| **[ ] SST** | [ ] SKIN [ ] ST [ ] BURN | [ ] DECU [ ] BRST [ ] UMB | [ ] PUST [ ] CIRC |  |  |
| **[ ] SYS** | [ ] DI |  |  |  |

**Enter the symptom/sign onset date for this HAI:** [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]  **OR** **[ ]** Unknown **OR** **[ ]** Not collected

**Enter the therapy start date for this HAI:** [ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]

**OR** check one: **[ ]** Unknown **[ ]** Not collected **[ ]** No therapy given

**Was there a Secondary Bloodstream Infection associated with this HAI?** [ ] No [ ] Yes [ ] Unknown

**Enter up to three pathogen codes for this HAI:** 1) \_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_ **OR** [ ] No pathogen identified

**Enter the CDC location of attribution for this HAI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Unknown [ ] Not applicable (i.e., SSI)

***Continued on page 2 🡪***

**2011 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: EIP TEAM HAI FORM *(continued)***

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| **CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**  |  **Date form completed:**[ ] [ ] /[ ] [ ] /[ ] [ ] [ ] [ ]  **Data collector initials**: \_\_\_\_\_\_\_\_ |

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**Antimicrobial Susceptibility Testing—Instructions:**

1. Check the appropriate box(es) to indicate which of the pathogen(s) below (if any) caused this HAI. “*E. coli”*=*Escherichia coli;* “*E. faecium*”=*Enterococcus faecium*; “*E. faecalis*”=*Enterococcus faecalis*; “*P. aeruginosa*”=*Pseudomonas aeruginosa*; “*S. aureus*”=*Staphylococcus aureus*.
2. Check the appropriate susceptibility test results for the antimicrobial agents listed: S=sensitive/susceptible. I=intermediate, R=resistant, N=not tested.
3. Antimicrobial agent abbreviations: AMK=amikacin, AMP=ampicillin, AMPSUL=ampicillin/sulbactam,CEFEP=cefepime, CEFOT=cefotetan, CEFTAZ=ceftazidime, CEFTRX=ceftriaxone, CIPRO=ciprofloxacin, CLINDA=clindamycin, COL/PB=colistin or polymyxin B, DAPTO=daptomycin, DOXY=doxycycline, ERYTH=erythromycin, GENT=gentamicin, IMI=imipenem, LEVO=levofloxacin, LNZ=linezolid, MERO=meropenem, OX=oxacillin, PENG=penicillin G, PIP=piperacillin, PIPTAZ=piperacillin/tazobactam, QUIDAL=quinupristin/dalfopristin, RIF=rifampin, TETRA=tetracycline, TIG=tigecycline, TMZ=trimethoprim/sulfamethoxazole, VANC=vancomycin.

**Check here [ ]  if NONE of the organisms below are pathogens for this HAI *(data collection is now complete)*.**

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| *Acinetobacter* *[ ] baumannii**[ ] other* | ***AMK*** | ***AMPSUL*** | ***CEFEP*** | ***CEFTAZ*** | ***CIPRO*** | ***COL/PB*** | ***GENT*** | ***IMI*** | ***LEVO*** | ***MERO*** | ***PIPTAZ*** | ***TOBRA*** | ***TIG*** |
| [ ] 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 | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N |

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| *[ ] E. coli* | ***AMK*** | ***AZT*** | ***CEFEP*** | ***CEFOT*** | ***CEFTAZ*** | ***CEFTRX*** | ***CIPRO*** | ***GENT*** | ***IMI*** | ***LEVO*** | ***MERO*** | ***TOBRA*** |
| [ ] 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 | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N |
| **Positive test for extended-spectrum beta lactamase (ESBL) production?** [ ] Yes [ ] No [ ] Unknown | **Positive test for carbapenemase production?** [ ] Yes [ ] No [ ] Unknown |  |

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| *[ ] E. 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 |

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| *[ ] E. 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 |

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| *Klebsiella**[ ] pneumoniae**[ ] oxytoca**[ ] other* | ***AMK*** | ***AZT*** | ***CEFEP*** | ***CEFOT*** | ***CEFTAZ*** | ***CEFTRX*** | ***CIPRO*** | ***GENT*** | ***IMI*** | ***LEVO*** | ***MERO*** | ***TOBRA*** |
| [ ] 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 | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N |
| **Positive test for extended-spectrum beta lactamase (ESBL) production?** [ ] Yes [ ] No [ ] Unknown | **Positive test for carbapenemase production?** [ ] Yes [ ] No [ ] Unknown |  |

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| *[ ] P. aeruginosa* | ***AMK*** | ***AZT*** | ***CEFEP*** | ***CEFTAZ*** | ***CIPRO*** | ***GENT*** | ***IMI*** | ***LEVO*** | ***MERO*** | ***PIP*** | ***PIPTAZ*** | ***TOBRA*** |
| [ ] 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 | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N |

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| *[ ] S. aureus* | ***CLIND*** | ***DAPTO*** | ***DOXY*** | ***ERYTH*** | ***GENT*** | ***LNZ*** | ***OX*** | ***QUIDAL*** | ***RIF*** | ***TETRA*** | ***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 | [ ] S [ ] I  | [ ] R[ ] N | [ ] S [ ] I  | [ ] R[ ] N |
| **Enter the vancomycin MIC (in mcg/ml):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Unknown [ ] Not collected | **Check vancomycin MIC test method:**[ ] E-test [ ] Vitek 2 [ ] Vitek Legacy [ ] Phoenix [ ] MicroScan dried overnight panels [ ] Unknown [ ] Not collected[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**FORM IS COMPLETE**



