**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**: \_\_\_\_\_\_\_\_ | |  |

**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**



