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

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.

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

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

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

CDC ID: ☐☐-☐☐☐☐☐

Drug	Route *(check one)*:	Rationale *(check all that apply)*:
	☐ IV or IM ☐ Oral/enteral ☐ Inhaled	☐ Medical prophylaxis ☐ Surgical prophylaxis ☐ Treatment of active infection → ☐ Non-infectious ☐ None documented

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)*:
☐ BJI ☐ BSI ☐ CNS ☐ CVI ☐ DIS ☐ ENT	☐ GTI ☐ HEB ☐ IAB ☐ LRI ☐ REP	☐ SST ☐ UTI ☐ UND ☐ Unknown ☐ Other: ________	**AND**	☐ Your hospital ☐ Other healthcare facility ☐ Community ☐ Unknown

Drug	Route *(check one)*:	Rationale *(check all that apply)*:
	☐ IV or IM ☐ Oral/enteral ☐ Inhaled	☐ Medical prophylaxis ☐ Surgical prophylaxis ☐ Treatment of active infection → ☐ Non-infectious ☐ None documented

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)*:
☐ BJI ☐ BSI ☐ CNS ☐ CVI ☐ DIS ☐ ENT	☐ GTI ☐ HEB ☐ IAB ☐ LRI ☐ REP	☐ SST ☐ UTI ☐ UND ☐ Unknown ☐ Other: ________	**AND**	☐ Your hospital ☐ Other healthcare facility ☐ Community ☐ Unknown

Drug	Route *(check one)*:	Rationale *(check all that apply)*:
	☐ IV or IM ☐ Oral/enteral ☐ Inhaled	☐ Medical prophylaxis ☐ Surgical prophylaxis ☐ Treatment of active infection → ☐ Non-infectious ☐ None documented

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)*:
☐ 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

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.

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 ☐CARD ☐ENDO ☐MED		
☐**EENT**	☐CONJ ☐ORAL ☐EYE ☐SINU ☐EAR ☐UR		
☐**GI**	☐GE ☐IAB ☐TRANS ☐GIT ☐NEC ☐HEP ☐CDI		
☐**LRI**	☐BRON ☐LUNG		
☐**REPR**	☐EMET ☐VCUF ☐EPIS ☐OREP		
☐**SST**	☐SKIN ☐DECU ☐PUST ☐ST ☐CIRC ☐BURN ☐BRST ☐UMB		
☐**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)

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

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)*.

	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	COL/PB	GENT	IMI	LEVO	MERO	PIPTAZ	TOBRA	TIG
Acinetobacter ☐ *baumannii* ☐ *other*	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

	AMK	AZT	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	GENT	IMI	LEVO	MERO	TOBRA
☐ *E. coli*	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					

	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC
☐ *E. faecium*	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

	AMP	DAPTO	LNZ	PENG	VANC
☐ *E. faecalis*	S I R N	S I R N	S I R N	S I R N	S I R N

	AMK	AZT	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	GENT	IMI	LEVO	MERO	TOBRA
Klebsiella ☐ *pneumoniae* ☐ *oxytoca* ☐ *other*	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					

	AMK	AZT	CEFEP	CEFTAZ	CIPRO	GENT	IMI	LEVO	MERO	PIP	PIPTAZ	TOBRA
☐ *P. aeruginosa*	☐ 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

	CLIND	DAPTO	DOXY	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TETRA	TMZ	VANC
☐ *S. aureus*	☐ 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

HAI & Antimicrobial Use Prevalence Survey 2010: HAI Criteria Worksheet

Surgical Site Infection (SSI)

CDCAID: _____

*Specific Event:
- ☐ Superficial Incisional (SUP INC)
- ☐ Organ/Space (specify site): _____
- ☐ Deep Incisional (DEEP INC)

Signs & Symptoms (check all that apply)
- ☐ Purulent drainage or material
- ☐ Pain or tenderness
- ☐ Localized swelling
- ☐ Redness
- ☐ Heat
- ☐ Fever
- ☐ Incision deliberately opened by surgeon
- ☐ Wound spontaneously dehisces
- ☐ Abscess
- ☐ Hypothermia
- ☐ Apnea
- ☐ Bradycardia
- ☐ Lethargy
- ☐ Cough
- ☐ Nausea
- ☐ Vomiting
- ☐ Dysuria
- ☐ Other evidence of infection found on direct exam, during surgery, or by diagnostic tests[1]
- ☐ Other signs & symptoms[1]

Laboratory
- ☐ Positive culture
- ☐ Not cultured
- ☐ Positive blood culture
- ☐ Blood culture not done or no organisms detected in blood
- ☐ Positive Gram stain when culture is negative or not done
- ☐ Other positive laboratory tests[1]
- ☐ Radiographic evidence of infection

Clinical Diagnosis
- ☐ Physician diagnosis of this event type
- ☐ Physician institutes appropriate antimicrobial therapy[1]

[1] per organ/space specific site criteria

Pneumonia (PNEU)

*Specific Event: ☐ PNU1 ☐ PNU2 ☐ PNU3 *Immunocompromised: Yes No

*Specify Criteria Used: (check all that apply)

X-Ray
- ☐ New or progressive and persistent infiltrate
- ☐ Consolidation
- ☐ Cavitation
- ☐ Pneumatoceles (in ≤1 y.o.)

Signs & Symptoms - A (check at least one)
- ☐ Fever
- ☐ Leukopenia or leukocytosis
- ☐ Altered mental status (in ≥70 y.o.)

Signs & Symptoms - B
- ☐ New onset/change in sputum
- ☐ New onset/worsening cough, dyspnea, tachypnea
- ☐ Rales or bronchial breath sounds
- ☐ Worsening gas exchange
- ☐ Hemoptysis
- ☐ Pleuritic chest pain
- ☐ Temperature instability
- ☐ Apnea, tachycardia, nasal flaring with retraction of chest wall or grunting
- ☐ Hypothermia
- ☐ Wheezing, rales, or rhonchi
- ☐ Cough
- ☐ Bradycardia or tachycardia

Laboratory
- ☐ Positive blood culture
- ☐ Positive pleural fluid culture
- ☐ Positive quantitative culture from LRT specimen
- ☐ ≥5% BAL cells w/bacteria
- ☐ Histopathologic exam w/ abscess formation, positive quantitative culture of lung parenchyma, or lung parenchyma invasion by fungal hyphae
- ☐ Positive culture of virus or *Chlamydia*
- ☐ Positive detection of viral antigen or antibody
- ☐ 4-fold rise in paired sera for pathogen
- ☐ Positive PCR for *Chlamydia* or *Mycoplasma*
- ☐ Positive micro-IF test for *Chlamydia*
- ☐ Positive culture or micro-IF of *Legionella* spp
- ☐ *L pneumophila* serogroup 1 antigens in urine
- ☐ 4-fold rise in *L. pneumophila* antibody titer
- ☐ Matching positive blood & sputum cultures w/ *Candida* spp
- ☐ Fungi or *Pneumocystis carinii* from LRT specimen

HAI & Antimicrobial Use Prevalence Survey 2011: HAI Criteria Worksheet

Custom Event

CDCID: _____

Major Site:	Specific Site:

Signs & Symptoms (Check all that apply)

- ☐ Abscess
- ☐ Apnea
- ☐ Vomiting
- ☐ Bradycardia
- ☐ Redness
- ☐ Cough
- ☐ Dysuria
- ☐ Fever
- ☐ Heat
- ☐ Hypotension
- ☐ Hypothermia
- ☐ Lethargy
- ☐ Nausea
- ☐ Suprapubic tenderness
- ☐ Acute onset of diarrhea (liquid stools for > 12 hours)
- ☐ Purulent drainage or material
- ☐ Pain or tenderness
- ☐ New onset/change in sputum, increased secretions or increased suctioning
- ☐ Localized swelling
- ☐ Persistent microscopic or gross blood in stools
- ☐ Wheezing, rales or rhonchi
- ☐ Other evidence of infection found on direct exam, during surgery or by diagnostic testing+
- ☐ Other signs and symptoms +

Laboratory or Diagnostic Testing

- ☐ Positive culture
- ☐ Not cultured
- ☐ Positive blood culture
- ☐ Blood culture not done or no organisms detected in blood
- ☐ Positive Gram stain when culture is negative or not done
- ☐ >15 colonies cultured from IV cannula tip using semiquantitative culture method
- ☐ Positive culture of pathogen
- ☐ Positive culture of skin contaminant
- ☐ Other positive laboratory tests
- ☐ Radiographic evidence of infection

Clinical Diagnosis

- ☐ Physician diagnosis of this event type+
- ☐ Physician institutes appropriate antimicrobial therapy+

+ Per specific event criteria

Primary Bloodstream Infection (BSI)

*Specific Event: ☐ Laboratory-confirmed

Signs & Symptoms:

Any patient
- ☐ Fever
- ☐ Chills
- ☐ Hypotension

≤1 year old
- ☐ Fever
- ☐ Hypothermia
- ☐ Apnea
- ☐ Bradycardia

Laboratory (check one)

- ☐ Recognized pathogen from one or more blood cultures
- ☐ Common skin contaminant from ≥2 blood cultures

Urinary Tract Infection (UTI)

*Specific Event: ☐ Symptomatic UTI (SUTI) ☐ Asymptomatic Bacteremic UTI (ABUTI) ☐ Other UTI (OUTI)

Signs & Symptoms (check all that apply)

Any patient
- ☐ Fever
- ☐ Urgency
- ☐ Frequency
- ☐ Dysuria
- ☐ Suprapubic tenderness
- ☐ Costovertebral angle pain or tenderness
- ☐ Abscess
- ☐ Pain or tenderness
- ☐ Purulent drainage or material
- ☐ Other evidence of infection found on direct exam, during surgery, or by diagnostic tests‡

≤1 year old
- ☐ Fever
- ☐ Hypothermia
- ☐ Apnea
- ☐ Bradycardia
- ☐ Dysuria
- ☐ Lethargy
- ☐ Vomiting

Laboratory & Diagnostic Testing

- ☐ 1 positive culture with ≥10^5 CFU/ml with no more than 2 species of microorganisms
- ☐ Positive dipstick for leukocyte esterase or nitrite
- ☐ Pyuria
- ☐ Microorganisms seen on Gram stain of unspun urine
- ☐ 1 positive culture with ≥10^3 CFU/ml and < 10^5 CFU/ml with no more than 2 species of microorganisms
- ☐ Positive culture
- ☐ Positive blood culture
- ☐ Radiographic evidence of infection