

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY:  
PRIMARY TEAM DATA COLLECTION FORM**

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

Form Approved  
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Exp. Date xx/xx/20xx

CDC ID: -

Survey date: //

**I. Identifiers** (for Primary Team and EIP Team use only; Identifiers are not transmitted to CDC)

Patient name: \_\_\_\_\_  
(Last, First, MI)

Date of birth: //

Hospital name: \_\_\_\_\_

Hospital unit name: \_\_\_\_\_

Room number: \_\_\_\_\_

Medical record no.: \_\_\_\_\_

Data collector initials: \_\_\_\_\_

**II. Demographics**

Age: \_\_\_\_\_  years  months  days

Admission date: //

Gender:  M  F  Unknown

CDC location code: \_\_\_\_\_

**III. Risk factors** (in place on the survey date)

Urinary catheter:  No  Yes  Unknown

Ventilator:  No  Yes  Unknown

Central line:  No  Yes →  
 Unknown

If "Yes," check all that apply:  
 PICC  Femoral line  Other central line

**IV. Antimicrobials**

On antimicrobials on the survey date or the calendar day prior to the survey date:  No  Yes  Unknown

**\*\*Qualification for hemodialysis and peritoneal dialysis patients ONLY\*\***  
 NA, not a dialysis patient

On any of the following antimicrobials in the **4 calendar days prior to the survey date**: vancomycin, amikacin, gentamicin, tobramycin, streptomycin, kanamycin →  No  Yes  Unknown

**FORM IS COMPLETE**

Public reporting burden of this collection of information is estimated to average 5 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-xxxx.

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY:  
 EIP TEAM ANTIMICROBIAL USE FORM**

Date: / /

Data collector initials: \_\_\_\_\_

CDC ID: -

Check here  if no antimicrobials administered/scheduled to be administered. Otherwise, fill in table(s) below, for up to 6 antimicrobial agents.

**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 name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



| If treatment of active infection, then complete the following:   |  |   |  |
|--|--|---|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |
| AND  |  |   |  |

| Drug name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



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|--|--|---|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |
| AND  |  |   |  |

| Drug name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



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|--|--|---|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |
| AND  |  |   |  |

Continued on next page →

CDC ID: -

| Drug name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



| If treatment of active infection, then complete the following:   |  |   |     |  |
|--|--|---|-----|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | AND | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ |     | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |

| Drug name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



| If treatment of active infection, then complete the following:   |  |   |     |  |
|--|--|---|-----|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | AND | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ |     | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |

| Drug name | Route<br>(check one):  | Rationale (check all that apply): |                          |                          |                               |
|-----------|--|-----------------------------------|--------------------------|--------------------------|-------------------------------|
|           |  | None documented                   | Medical prophylaxis      | Surgical prophylaxis     | Treatment of active infection |
|           | <input type="checkbox"/> IV or IM<br><input type="checkbox"/> Oral/enteral<br><input type="checkbox"/> Inhaled | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |



| If treatment of active infection, then complete the following:   |  |   |     |  |
|--|--|---|-----|--|
| Clinician-defined therapeutic site<br>(check all that apply):  |  |   | AND | Infection onset<br>(check all that apply):   |
| <input type="checkbox"/> BJI<br><input type="checkbox"/> BSI<br><input type="checkbox"/> CNS<br><input type="checkbox"/> CVI<br><input type="checkbox"/> DIS<br><input type="checkbox"/> ENT | <input type="checkbox"/> GTI<br><input type="checkbox"/> HEB<br><input type="checkbox"/> IAB<br><input type="checkbox"/> LRI<br><input type="checkbox"/> REP | <input type="checkbox"/> SST<br><input type="checkbox"/> UTI<br><input type="checkbox"/> UND<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other: _____ |     | <input type="checkbox"/> Your hospital<br><input type="checkbox"/> Other healthcare facility<br><input type="checkbox"/> Community<br><input type="checkbox"/> Unknown |

If Rationale for ANY drug listed above is “None documented” or “Treatment of active infection” → GO TO HAI FORM.

If Rationale for ALL drugs listed above is “Medical prophylaxis” or “Surgical prophylaxis” → DON'T fill out HAI Form. Data collection complete.

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY:  
 EIP TEAM HAI FORM**

Date: / /  Data collector initials: \_\_\_\_\_ CDC ID: -

**Does the patient have an HAI?**

- No → *data collection complete*  
 Yes → **complete the table below.**

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

| <b>HAI</b>                    | <b>Specific Site</b>  | <b>Device and Procedure Information</b>  | <b>Comments</b> |
|-------------------------------|---|--|-----------------|
| <input type="checkbox"/> UTI  | <input type="checkbox"/> SUTI<br><input type="checkbox"/> ABUTI<br><input type="checkbox"/> OUTI  | <b>Catheter-associated?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |                 |
| <input type="checkbox"/> PNEU | <input type="checkbox"/> PNU1<br><input type="checkbox"/> PNU2<br><input type="checkbox"/> PNU3   | <b>Ventilator-associated?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |                 |
| <input type="checkbox"/> BSI  | <input type="checkbox"/> LCBI<br><input type="checkbox"/> CSEP  | <b>Central line-associated?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |                 |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> SUP INC<br><input type="checkbox"/> DEEP INC<br><input type="checkbox"/> ORGAN/SPACE<br><i>(for ORGAN/SPACE, specify site : _____ )</i>  | <b>NHSN operative procedure category code :</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br><b>OR (if operative procedure but not NHSN) check the following:</b> <input type="checkbox"/> OTH |                 |
| <input type="checkbox"/> BJ   | <input type="checkbox"/> BONE<br><input type="checkbox"/> JNT<br><input type="checkbox"/> DISC  |  |                 |
| <input type="checkbox"/> CNS  | <input type="checkbox"/> IC<br><input type="checkbox"/> MEN<br><input type="checkbox"/> SA  |  |                 |
| <input type="checkbox"/> CVS  | <input type="checkbox"/> VASC <input type="checkbox"/> CARD<br><input type="checkbox"/> ENDO <input type="checkbox"/> MED   |  |                 |
| <input type="checkbox"/> EENT | <input type="checkbox"/> CONJ <input type="checkbox"/> ORAL<br><input type="checkbox"/> EYE <input type="checkbox"/> SINU<br><input type="checkbox"/> EAR <input type="checkbox"/> UR   |  |                 |
| <input type="checkbox"/> GI   | <input type="checkbox"/> GE <input type="checkbox"/> IAB<br><input type="checkbox"/> GIT <input type="checkbox"/> NEC<br><input type="checkbox"/> HEP   |  |                 |
| <input type="checkbox"/> LRI  | <input type="checkbox"/> BRON<br><input type="checkbox"/> LUNG  |  |                 |
| <input type="checkbox"/> REPR | <input type="checkbox"/> EMET <input type="checkbox"/> VCUF<br><input type="checkbox"/> EPIS <input type="checkbox"/> OREP  |  |                 |
| <input type="checkbox"/> SST  | <input type="checkbox"/> SKIN <input type="checkbox"/> BRST<br><input type="checkbox"/> ST <input type="checkbox"/> UMB<br><input type="checkbox"/> DECU <input type="checkbox"/> PUST<br><input type="checkbox"/> BURN <input type="checkbox"/> CIRC |  |                 |
| <input type="checkbox"/> SYS  | <input type="checkbox"/> DI   |  |                 |

**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)

DRAFT

2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: HAI FORM

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Date: / /

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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, 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, 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                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> baumannii | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> |
| <input type="checkbox"/> other     | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> |
|                                    | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> |
|                                    | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> |

|  | AMK                        | AZT                        | CEFEP                      | CEFOT                      | CEFTAZ                     | CEFTRX   | CIPRO                      | GENT                       | IMI                        | LEVO                       | MERO                       | TOBRA                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E. coli   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/>   | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> |
|  | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/>   | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> |
|  | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/>   | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> |
|  | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/>   | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> |
| Positive test for extended-spectrum beta lactamase (ESBL) production?                        |                            |                            |                            |                            |                            | Positive test for carbapenemase production?  |                            |                            |                            |                            |                            |                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |                            |                            |                            |                            |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |                            |                            |                            |                            |                            |                            |

|                                     | AMP                        | DAPTO                      | LNZ                        | PENG                       | QUIDAL                     | VANC                       |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E. faecium | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                                     | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> |
|                                     | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> |
|                                     | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> |
|                                     | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> |

|                                      | AMP                        | DAPTO                      | LNZ                        | PENG                       | VANC                       |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E. faecalis | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                                      | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> |
|                                      | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> |
|                                      | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> |
|                                      | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> |

|   | AMK                        | AZT                        | CEFEP                      | CEFOT                      | CEFTAZ                     | CEFTRX                                      | CIPRO                      | GENT                       | IMI                        | LEVO                       | MERO                       | TOBRA                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Klebsiella  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/> pneumoniae                                   | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/>                  | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> | S <input type="checkbox"/> |
| <input type="checkbox"/> oxytoca                                      | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/>                  | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> | I <input type="checkbox"/> |
| <input type="checkbox"/> other  | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/>                  | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> | R <input type="checkbox"/> |
|   | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/>                  | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> | N <input type="checkbox"/> |
| Positive test for extended-spectrum beta lactamase (ESBL) production? |                            |                            |                            |                            |                            | Positive test for carbapenemase production? |                            |                            |                            |                            |                            |                            |

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY: HAI FORM**

Yes  No  Don't know

Yes  No  Don't know

|   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> <i>P. aeruginosa</i> | <b>AMK</b>   | <b>AZT</b>   | <b>CEFEP</b>   | <b>CEFTAZ</b>  | <b>CIPRO</b>   | <b>GENT</b>  | <b>IMI</b>   | <b>LEVO</b>  | <b>MERO</b>  | <b>PIP</b>   | <b>PIPTAZ</b>  | <b>TOBRA</b>   |
|   | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I |
|   | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N |

|   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> <i>S. aureus</i> | <b>CLIND</b>   | <b>DAPTO</b>   | <b>DOXY</b>  | <b>ERYTH</b>   | <b>GENT</b>  | <b>LNZ</b>   | <b>OX</b>  | <b>QUIDAL</b>  | <b>RIF</b>   | <b>TETRA</b>   | <b>TMZ</b>   | <b>VANC</b>  |
|   | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I | <input type="checkbox"/> S<br><input type="checkbox"/> I |
|   | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N | <input type="checkbox"/> R<br><input type="checkbox"/> N |

**FORM IS COMPLETE**

