

* required for saving		** required for completion	
Facility ID:		Event #:	
*Patient ID:		Social Security #:	
Secondary ID:			
Patient Name, Last:		First:	Middle:
*Gender: M F Other		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
Event Details			
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific form]		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
MDRO/CDI Infection Surveillance: Yes	NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*Specific Organism Type: (Select up to 3) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> CephR- <i>Klebsiella</i> <input type="checkbox"/> CRE- <i>Ecoli</i> <input type="checkbox"/> CRE- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i> <input type="checkbox"/> <i>C. difficile</i>			
*Date Admitted to Facility:		*Location	
*Specific Event Type (used only for CDC defined events):			
Specify Criteria Used (check all that apply)			
<u>Signs & Symptoms</u>		<u>Laboratory or Diagnostic Testing</u>	
<input type="checkbox"/> Abscess <input type="checkbox"/> Apnea <input type="checkbox"/> Vomiting <input type="checkbox"/> Bradycardia <input type="checkbox"/> Redness <input type="checkbox"/> Cough <input type="checkbox"/> Dysuria <input type="checkbox"/> Fever <input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours) <input type="checkbox"/> Purulent drainage or material <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning <input type="checkbox"/> Localized swelling <input type="checkbox"/> Persistent microscopic or gross blood in stools <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery or by diagnostic testing+ <input type="checkbox"/> Other signs and symptoms +		<input type="checkbox"/> Heat <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypothermia <input type="checkbox"/> Lethargy <input type="checkbox"/> Nausea <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Positive culture <input type="checkbox"/> Not cultured <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Blood culture not done or no organisms detected in blood <input type="checkbox"/> Positive Gram stain when culture is negative or not done <input type="checkbox"/> >15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Positive culture of pathogen <input type="checkbox"/> Positive culture of skin contaminant <input type="checkbox"/> Other positive laboratory tests <input type="checkbox"/> Radiographic evidence of infection	
		<u>Clinical Diagnosis</u>	
		<input type="checkbox"/> Physician diagnosis of this event type+ <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy+ + Per specific event criteria	
<i>Clostridium difficile</i> Infection			
*Admitted to ICU for CDI complications: Yes No		*Surgery for CDI complications: Yes No	
*Secondary Bloodstream Infection: Yes No			
**Died: Yes No		Event contributed to death? Yes No	
Discharge Date: ___/___/_____		*Pathogens Identified: Yes No If Yes, specify on page 2	

Assurance of Confidentiality: The voluntarily provided 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 32 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.126 (Front) v6.4

Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____	VANC SIRN							
_____	<i>Enterococcus</i> <i>spp.</i> (specify) _____	AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN		
		STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN				
_____	<i>Enterococcus</i> <i>faecium</i>	AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN	QUIDAL SIRN	
		STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN				
_____	<i>Staphylococcus</i> <i>aureus</i>	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	
		LNZ SRN	OX/CEFOX/METH SIRN	QUIDAL SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> <i>spp.</i> (specify) _____	AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN
		IMI SIRN	MERO/DORI IRN	PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		TMZ SIRN	TOBRA SIRN	
_____	<i>Escherichia</i> <i>coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN	
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN
_____	<i>Enterobacter</i> <i>spp.</i> (specify) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN	
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN
_____	<i>Klebsiella</i> <i>spp.</i> (specify) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB SIRN	ERTA SIRN	
		GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN

Pathogen #	Gram-negative Organisms (continued)										
_____	<i>Serratia marcescens</i>	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT/CEFTRX S I R N			
		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N		COL/PB S I R N	ERTA S I R N		
		GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N		TIG S I R N	TMZ S I R N	TOBRA S I R N	
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	GENT S I R N			
		IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TOBRA S I R N						
	<i>Stenotrophomonas maltophilia</i>	LEVO S I R N	TETRA/MINO S I R N	TICLAV S I R N	TMZ S I R N						
Pathogen #	Fungal Organisms										
_____	<i>Candida spp.</i> (specify)		ANID S N S N	CASPO S N S N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S N S N	VORI S S-DD R N		
Pathogen #	Other Organisms										
_____	Organism 1 (specify)		Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 2 (specify)		Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 3 (specify)		Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested
[§] **GENTHL and STREPHL results: S=Susceptible/Synergistic and R=Resistant/Not Synergistic**

Drug Codes:

AMK = amikacin
 AMP = ampicillin
 AMPSUL = ampicillin/sulbactam
 AMXCLV = amoxicillin/clavulanic acid
 ANID = anidulafungin
 AZT = aztreonam
 CASPO = caspofungin
 CEFAZ = ceftazidime
 CEFEP = cefepime
 CEFOT = cefotaxime
 CEFOX = ceftaxime
 CEFTAZ = ceftazidime

CEFTRX = ceftriaxone
 CEFUR = cefuroxime
 CETET = cefotetan
 CHLOR = chloramphenicol
 CIPRO = ciprofloxacin
 CLIND = clindamycin
 COL = colistin
 DAPTO = daptomycin
 DORI = doripenem
 DOXY = doxycycline
 ERTA = ertapenem

ERYTH = erythromycin
 FLUCO = fluconazole
 FLUCY = flucytosine
 GENT = gentamicin
 GENTHL = gentamicin –
 high level test
 IMI = imipenem
 ITRA = itraconazole
 LEVO = levofloxacin
 LNZ = linezolid
 MERO = meropenem
 METH = methicillin

MICA = micafungin
 MINO = minocycline
 MOXI = moxifloxacin
 OX = oxacillin
 PB = polymyxin B
 PIP = piperacillin
 PIPTAZ = piperacillin/tazobactam
 QUIDAL = quinupristin/dalfopristin
 RIF = rifampin

STREPHL = streptomycin –
 high level test
 TETRA = tetracycline
 TICLAV = ticarcillin/clavulanic acid
 TIG = tigecycline
 TMZ = trimethoprim/sulfamethoxazole
 TOBRA = tobramycin
 VANC = vancomycin
 VORI = voriconazole

Custom Fields

Label	
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Comments