

*required for saving **required for completion		Event #:
Facility ID:		Social Security #:
*Patient ID:		
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Ethnicity (specify):	Race (specify):	
*Event Type: BSI	*Date of Event:	
Post-procedure BSI: Yes No	Date of Procedure:	
NHSN Procedure Code:	ICD-9-CM Procedure Code:	

*MDRO Infection Surveillance: Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:
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Risk Factors

*If ICU/Other locations, Central line:	Yes	No	Location of Device Insertion: _____
*If Specialty Care Area,			
Permanent central line:	Yes	No	Date of Device Insertion: __/__/____
Temporary central line:	Yes	No	
*If NICU,			
Non-umbilical Central line:	Yes	No	
Umbilical catheter:	Yes	No	
Birth weight (grams):			

Event Details

*Specific Event: Laboratory-confirmed

*Specify Criteria Used:

<u>Signs & Symptoms (check all that apply)</u> <u>Any patient</u> <u>≤1 year old</u> <input type="checkbox"/> Fever <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hypotension <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia	<u>Laboratory (check one)</u> <input type="checkbox"/> Recognized pathogen from one or more blood cultures <input type="checkbox"/> Common skin contaminant from ≥2 blood cultures
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**Died: Yes No	BSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.

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).

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____	VANC S I R N							
_____	<i>Enterococcus</i> <i>spp.</i> (specify) _____	AMP S I R N	CIPRO/LEVO/MOXI S I R N	DAPTO S N S N	DOXY/MINO S I R N	GENTHL^s S R N	LNZ S I R N		
		STREPHL^s S R N	TETRA S I R N	TIG S N S N	VANC S I R N				
_____	<i>Enterococcus</i> <i>faecium</i>	AMP S I R N	CIPRO/LEVO/MOXI S I R N	DAPTO S N S N	DOXY/MINO S I R N	GENTHL^s S R N	LNZ S I R N	QUIDAL S I R N	
		STREPHL^s S R N	TETRA S I R N	TIG S N S N	VANC S I R N				
_____	<i>Staphylococcus</i> <i>aureus</i>	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	ERYTH S I R N	GENT S I R N	
		LNZ S R N	OX/CEFOX/METH S I R N	QUIDAL S I R N	RIF S I R N	TETRA S I R N	TIG S N S N	TMZ S I R N	VANC S I R N
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> <i>spp.</i> (specify) _____	AMK S I R N	AMPSUL 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	TETRA/DOXY/MINO S I R N		TMZ S I R N	TOBRA S I R N	
_____	<i>Escherichia</i> <i>coli</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>Enterobacter</i> <i>spp.</i> (specify) _____	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>Klebsiella</i> <i>spp.</i> (specify) _____	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

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 NS N	CASPO S NS N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S NS 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 = ceftazolin
 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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Label

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Comments