Antimicrobial Use and Resistance (AUR): Pharmacy Data
Monthly Electronic Upload Specification Tables

These data will be collected in an aggregate monthly electronic file transfer from the facility to NHSN.

Table 1. Institution Information	*These data elements will be transmitted with each report.*	
Name	**Concept**	**Examples**
O_DHQPID	Data Owner DHQP ID	NA
O_SFTNAME	Data Owner report generating software name	NA
O_SFTVER	Data Owner report generating software version	NA
O_NAME	Data Owner text name	NA
O_CNAME	Data Owner contact name	NA
O_CPHN	Data Owner contact phone number	NA
O_CEMAIL	Data Owner contact email	NA
O_CSTRT	Data Owner contact street address	NA
O_CCITY	Data Owner contact city	NA
O_CSTATE	Data Owner contact state	NA
O_CZIP	Data Owner contact zip	NA
T_NAME	Data Transmitter text name	NA
T_CNAME	Data Transmitter contact name	NA
T_CPHN	Data Transmitter contact phone number	NA
T_CEMAIL	Data Transmitter contact email	NA
T_CSTRT	Data Transmitter contact street address	NA
T_CCITY	Data Transmitter contact city	NA
T_CSTATE	Data Transmitter contact state	NA
T_CZIP	Data Transmitter contact zip	NA
HL7_VERSION	HL7 message version	NA
REC_NAME	Receiving institution's name	NA
REC_ID	Receiving institution's ID	NA

Table 2. Patient Information	*There will be one record for each patient.*	
Name	**Concept**	**Examples**
O_DHQPID	Data Owner DHQP ID (primary key)	NA
PT_ID	Patient ID (primary key)	NA
DOB	Patient Date of Birth	mmddyyyy
GENDER	Patient Gender	NA
GNAME	Patient Name First	NA
MNAME	Patient Name Middle	NA
LNAME	Patient Name Last	NA
NAME	Patient name (if single text field available only)	NA
ETHNIC	Race/ethnicity	NA

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 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, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).

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Table 3. Visit (Admission) Information *There will be one record for each patient visit to an inpatient care or observation unit.*

Name	Concept	Examples
O_DHQPID	Data Owner DHQP ID (primary key)	NA
VISITID	Visit ID (primary key)	NA
PT_ID	Patient ID (secondary key)	NA
ADMDATE	Admission Date	mmddyyyy
DSCDATE	Discharge Date	mmddyyyy
DSSTAT	Discharged	1=alive, 2=dead
DSCDIAG1	Discharge Diagnosis 1	ICD 9 Code
DSCDIAG2	Discharge Diagnosis 2	ICD9 Code
DSCDIAGn	Discharge Diagnosis n (all diagnoses captured)	ICD9 Code
ADMDIAG1	Admission Diagnosis 1	Text string
ADMDIAG2	Admission Diagnosis 2	Text string
ADMDIAG3	Admission Diagnosis 3	Text string
LOCATION	Hospital ward where patient located	NA
ROOM	Room number	NA
DATEIN	Date admitted to this location	mmddyyyy

Table 4. Daily Census Summary Data

Name	Concept	Examples
O_DHQPID	Data Owner DHQP ID (primary key)	NA
DATE	Date of census	NA
LOCATION	Facility location code	NA
CENSUS	# of occupied beds at 12 Midnight	NA
CENSUS1	# of occupied beds within calendar day	NA
CENSUS 2	# of patients admitted to ward and hospital	NA
DEVICE	# of patients with a device	NA

Table 5. Pharmacy Data

Name	Concept	Examples
VISIT	Visit ID (primary key)	NA
O_DHQPID	Data Owner DHQP ID (primary key)	NA
TRANS_ID	Transaction ID	NA
DATE	Date	NA
Transaction_type	Specify: ordered, dispensed, or administered	1=Order, 2=Dispensed, 3=Administered, 4=Returned
DOSE	Amount of drug administered	NA
DOSE_UNIT	Unit of Dose	NA
DRG_CODE	Local drug code	NA
DRG_NAME	Local text drug name	NA
NDC	NDC code	NA
RETURNED	Drug returned to pharmacy	NA
ROUTE	Method of administration	NA
RPT_START	Report start date	Mmddyyyy
RPT_STOP	Report end date	Mmddyyyy
UMLS_DRG_CODE	UMLS drug code	NA
FREQ	Frequency of administration	NA
INDICATION	Indication	NA

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