

Pneumonia (PNEU)

* required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: PNEU	*Date of Event:
*Post-procedure PNEU: 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: _____

Risk Factors

*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____

*For NICU only: Birth weight: _____ grams

Event Details

*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 Laboratory

<input type="checkbox"/> Fever	<input type="checkbox"/> Positive blood culture
<input type="checkbox"/> Leukopenia or leukocytosis	<input type="checkbox"/> Positive pleural fluid culture
<input type="checkbox"/> Altered mental status (in ≥ 70 y.o.)	<input type="checkbox"/> Positive quantitative culture from LRT specimen
<input type="checkbox"/> New onset/change in sputum	<input type="checkbox"/> $\geq 5\%$ BAL cells w/bacteria
<input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea	<input type="checkbox"/> Histopathologic exam w/ abscess formation, positive quantitative culture of lung parenchyma, or lung parenchyma invasion by fungal hyphae
<input type="checkbox"/> Rales or bronchial breath sounds†	<input type="checkbox"/> Positive culture of virus or <i>Chlamydia</i>
<input type="checkbox"/> Worsening gas exchange	<input type="checkbox"/> Positive detection of viral antigen or antibody
<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> 4-fold rise in paired sera for pathogen
<input type="checkbox"/> Pleuritic chest pain	<input type="checkbox"/> Positive PCR for <i>Chlamydia</i> or <i>Mycoplasma</i>
<input type="checkbox"/> Temperature instability	<input type="checkbox"/> Positive micro-IF test for <i>Chlamydia</i>
<input type="checkbox"/> Apnea, tachycardia, nasal flaring with retraction of chest wall or grunting	<input type="checkbox"/> Positive culture or micro-IF of <i>Legionella</i> spp
<input type="checkbox"/> Hypothermia	<input type="checkbox"/> <i>L pneumophila</i> serogroup 1 antigens in urine
<input type="checkbox"/> Wheezing, rales, or rhonchi†	<input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> antibody titer
<input type="checkbox"/> Cough	<input type="checkbox"/> Matching positive blood & sputum cultures w/ <i>Candida</i> spp
<input type="checkbox"/> Bradycardia or tachycardia	<input type="checkbox"/> Fungi or <i>Pneumocystis carinii</i> from LRT specimen

*Secondary Bloodstream Infection: Yes No and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age)

*Died: Yes No PNEU 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).

CDC 57.111 (Front) Rev 3, 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

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