

## 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.

	nese 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).



Table 3. Visit (Adm	ission) Information There will be one record for each	patient visit to an inpatient care or observation unit.
Name	Concept	Examples
D_DHQPID	Data Owner DHQP ID (primary key)	NA
/ISITID	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	CD9 Code
DSCDIAGn	Discharge Diagnosis n (all diagnoses captured)	CD9 Code
ADMDIAG1	Admission Diagnosis 1	Text string
ADMDIAG2	Admission Diagnosis 2	Text string
ADMDIAG3	Admission Diagnosis 3	Text string
_OCATION	Hospital ward where patient located	NA
ROOM	Room number	NA
DATEIN	Date admitted to this location	mmddyyyy
Γable 4. Daily Cens		,
Name	Concept	Examples
D_DHQPID	Data Owner DHQP ID (primary key)	NA
DATE	Date of census	NA
OCATION	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
Γable 5. Pharmacy	Data	
Name	Concept	Examples
/ISIT	Visit ID (primary key)	NA
D_DHQPID	Data Owner DHQP ID (primary key)	NA
TRANS ID	Transaction ID	NA
DATE	Date	NA
Fransaction_type	Specify: ordered, dispensed, or administered	1=Order, 2=Dispensed, 3=Administered, 4=Returned
OOSE	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
JMLS_DRG_CODE	UMLS drug code	NA
REQ	Frequency of administration	NA
· · - ×	Indication	