



MDRO or CDI Infection Event

Page 1 of 4

*Required for saving Facility ID:		**Required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
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 from]		*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-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile			
*Date Admitted to Facility:		*Location:	
*Specific Event Type (used only for CDC defined events): Specify Criteria Used (check all that apply)			
<u>Signs and Symptoms</u>		<u>Laboratory or Diagnostic Testing</u>	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Heat	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Positive culture
<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Fever	<input type="checkbox"/> Not cultured
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Bilious aspirate	<input type="checkbox"/> Positive blood culture
<input type="checkbox"/> Cough	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Abdominal distension	<input type="checkbox"/> Blood culture not done or no organisms detected in blood
<input type="checkbox"/> Redness	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Positive Gram stain when culture is negative or not done
<input type="checkbox"/> Abdominal distension	<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Positive culture of pathogen	
<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Localized swelling	<input type="checkbox"/> Positive culture of common commensals	
<input type="checkbox"/> Purulent drainage or material	<input type="checkbox"/> Wheezing, rales or rhonchi	<input type="checkbox"/> Other positive laboratory tests*	
<input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning		<input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method	
<input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours)		<input type="checkbox"/> Pneumatosis intestinalis by radiograph	
<input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure)		<input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph	
<input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)		<input type="checkbox"/> Pneumoperitoneum by radiograph	
<input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation		<input type="checkbox"/> Radiographic evidence of infection*	
<input type="checkbox"/> Other evidence of infection found on direct exam, during surgery or by diagnostic testing*		<u>Clinical Diagnosis</u>	
<input type="checkbox"/> Other signs and symptoms*		<input type="checkbox"/> Physician diagnosis of this event type*	
		<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*	
* Per specific criteria			
Clostridium difficile 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	
<small>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) Rev 1 v6.6</small>			

MDRO or CDI Infection Event

Page 2 of 4

Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____		VANC SIRN							
_____	<i>Enterococcus</i> spp. (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 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 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> spp. (specify): _____		AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	
			GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
			TMZ SIRN	TOBRA SIRN						
_____	<i>Escherichia 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> spp. (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> spp. (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					

MDRO or CDI Infection Event

Page 3 of 4

Pathogen #	Gram-negative Organisms (continued)									
_____	<i>Serratia marcescens</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>Pseudomonas aeruginosa</i>									
	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN			
	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN	TOBRA SIRN						
_____	<i>Stenotrophomonas maltophilia</i>									
		LEVO SIRN	TETRA/MINO SIRN	TICLAV SIRN	TMZ SIRN					
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> spp. (specify):									
	ANID SIRN	CASPO SNSN	FLUCO S S-DD RN	FLUCY SIRN	ITRA S S-DD RN	MICA SNSN	VORI S S-DD RN			
Pathogen #	Other Organisms									
_____	Organism 1 (specify)									
	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN	
_____	Organism 1 (specify)									
	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN	
_____	Organism 1 (specify)									
	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN	

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	CEFTRX = ceftriaxone	ERYTH = erythromycin	MICA = micafungin	STREPHL = streptomycin – high level test
AMP = ampicillin	CEFUR= cefuroxime	FLUCO = fluconazole	MINO = minocycline	TETRA = tetracycline
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	FLUCY = flucytosine	MOXI = moxifloxacin	TICLAV = ticarcillin/clavulanic acid
AMXCLV = amoxicillin/clavulanic acid	CHLOR= chloramphenicol	GENT = gentamicin	OX = oxacillin	TIG = tigecycline
ANID = anidulafungin	CIPRO = ciprofloxacin	GENTHL = gentamicin –high level test	PB = polymyxin B	TMZ = trimethoprim/sulfamethoxazole
AZT = aztreonam	CLIND = clindamycin	IMI = imipenem	PIP = piperacillin	TOBRA = tobramycin
CASPO = caspofungin	COL = colistin	ITRA = itraconazole	PIPTAZ = piperacillin/tazobactam	VANC = vancomycin
CEFAZ= cefazolin	DAPTO = daptomycin	LEVO = levofloxacin	QUIDAL = quinupristin/dalfopristin	VORI = voriconazole
CEFEP = cefepime	DORI = doripenem	LNZ = linezolid	RIF = rifampin	
CEFOT = cefotaxime	DOXY = doxycycline	MERO = meropenem		
CEFOX= cefoxitin	ERTA = ertapenem	METH = methicillin		
CEFTAZ = ceftazidime				

