Form Approved

OMB No. **0920**-XXXX

Exp. Date xx/xx/20xx

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY:**

Form Approved

OMB No. **0920**-XXXX

Exp. Date xx/xx/20xx

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**PRIMARY TEAM DATA COLLECTION FORM**

**CDC ID:** - **Survey date:** //

|  |  |
| --- | --- |
| **I. Identifiers** *(for Primary Team and EIP Team use only; Identifiers are not transmitted to CDC)* | |
| **Patient name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Last, First, MI) |  |
| **Date of birth:** // | **Hospital name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospital unit name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Room number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical record no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Data collector initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **II. Demographics** |  |
| **Age:** \_\_\_\_\_\_\_ years months days | **Admission date:** // |
| **Gender:** M F Unknown | **CDC location code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **III. Risk factors** *(in place on the survey date)* | | |
| **Urinary catheter:** | No Yes Unknown | |
| **Ventilator:** | No Yes Unknown | |
| **Central line:** | No Yes 🡪  Unknown | *If “Yes,” check all that apply:*    PICC Femoral line Other central line |

|  |  |
| --- | --- |
| **IV. Antimicrobials** | |
| **On antimicrobials on the survey date or the calendar day prior to the survey date:** | No Yes Unknown |
| ***\*\*Qualification for hemodialysis and peritoneal dialysis patients ONLY\*\****  **On any of the following antimicrobials in the 4 calendar days prior to the survey date: vancomycin, amikacin, gentamicin, tobramycin, streptomycin, kanamycin 🡪** | NA, not a dialysis patient  No Yes Unknown |

**FORM IS COMPLETE**

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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-xxxx.

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**EIP TEAM ANTIMICROBIAL USE FORM**

|  |  |  |
| --- | --- | --- |
| **Date:**// **Data collector initials**: \_\_\_\_\_\_\_\_ | | **CDC ID:** - |
|  |  | |

**Check here**  **if no antimicrobials administered/scheduled to be administered. Otherwise, fill in table(s) below, for up to 6 antimicrobial agents.**

**Therapeutic site codes**:

**BJI** = Bone or joint, **BSI** = Bloodstream infection, **CNS** = Central nervous system, **CVI** = Cardiovascular (other than BSI), **DIS** = Systemic, disseminated infection, **ENT** = Eyes, ears, nose, throat (includes upper respiratory infection, **GTI** = Gastrointestinal tract, **HEB** = hepatic and biliary system infections (including pancreas), **IAB** = intraabdominal infection other than GTI and HEB (e.g., spleen abscess), **LRI** = Lower respiratory infection, **REP** = Reproductive tract infection, **SST** = Skin or soft tissue infection (includes muscle infection), **UTI** = Urinary tract infection, **UND** = Undetermined, **Other** = specify other site.

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*Continued on next page* 🡪

Public reporting burden of this collection of information is estimated to average 15 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-xxxx.

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**If Rationale for ANY drug listed above is “None documented” or “Treatment of active infection” 🡪 *GO TO HAI FORM.***

**If Rationale for ALL drugs listed above is “Medical prophylaxis” or “Surgical prophylaxis” 🡪 *DON’T fill out HAI Form. Data collection complete.***

**2010 HAI & ANTIMICROBIAL USE POINT PREVALENCE SURVEY:**

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**EIP TEAM HAI FORM**

|  |  |
| --- | --- |
| **Date:**// **Data collector initials**: \_\_\_\_\_\_\_\_ | **CDC ID:** - |
|  | |
| **Does the patient have an HAI?** | |
| No🡪 *data collection complete*  Yes🡪 ***complete the table below.*** | |

**Enter only one HAI on each HAI Form. This is HAI Form # \_\_\_\_\_ out of \_\_\_\_\_ total HAI Forms for this patient.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***HAI*** | | ***Specific Site*** | | ***Device and Procedure Information*** | ***Comments*** |
|  | **UTI** | SUTI  ABUTI  OUTI | | **Catheter-associated?**  No Yes |  |
|  | **PNEU** | PNU1  PNU2  PNU3 | | **Ventilator-associated?**  No Yes |  |
|  | **BSI** | LCBI  CSEP | | **Central line-associated?**  No Yes |  |
|  | **SSI** | SUP INC  DEEP INC  ORGAN/SPACE  *(for ORGAN/SPACE, specify site : \_\_\_\_\_\_\_\_\_\_\_ )* | | **NHSN operative procedure category code :**    **OR *(if operative procedure but not NHSN)* check the following:** OTH |  |
|  | **BJ** | BONE  JNT  DISC |  |  |  |
|  | **CNS** | IC  MEN  SA |  |  |  |
|  | **CVS** | VASC  ENDO | CARD  MED |  |  |
|  | **EENT** | CONJ  EYE  EAR | ORAL  SINU  UR |  |  |
|  | **GI** | GE  GIT  HEP | IAB  NEC |  |  |
|  | **LRI** | BRON  LUNG | |  |  |
|  | **REPR** | EMET  EPIS | VCUF  OREP |  |  |
|  | **SST** | SKIN  ST  DECU  BURN | BRST  UMB  PUST  CIRC |  |  |
|  | **SYS** | DI |  |  |  |

**Was there a Secondary Bloodstream Infection associated with this HAI?** No Yes Unknown

**Enter up to three pathogen codes for this HAI:** 1) \_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_ **OR** No pathogen identified

**Enter the CDC location of attribution for this HAI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown Not applicable (i.e., SSI)

|  |  |
| --- | --- |
| **Date:**// **Data collector initials**: \_\_\_\_\_\_\_\_ | Form Approved  OMB No. **0920**-XXXX  Exp. Date xx/xx/20xx  **CDC ID:** - |

**Antimicrobial Susceptibility Testing—Instructions:**

1. Check the appropriate box(es) to indicate which of the pathogen(s) below (if any) caused this HAI. “*E. coli”*=*Escherichia coli;* “*E. faecium*”=*Enterococcus faecium*; “*E. faecalis*”=*Enterococcus faecalis*; “*P. aeruginosa*”=*Pseudomonas aeruginosa*; “*S. aureus*”=*Staphylococcus aureus*.
2. Check the appropriate susceptibility test results for the antimicrobial agents listed: S=sensitive/susceptible. I=intermediate, R=resistant, N=not tested.
3. Antimicrobial agent abbreviations: AMK=amikacin, AMP=ampicillin, AMPSUL=ampicillin/sulbactam,CEFEP=cefepime, CEFOT=cefotetan, CEFTAZ=ceftazidime, CEFTRX=ceftriaxone, CIPRO=ciprofloxacin, CLINDA=clindamycin, DAPTO=daptomycin, DOXY=doxycycline, ERYTH=erythromycin, GENT=gentamicin, IMI=imipenem, LEVO=levofloxacin, LNZ=linezolid, MERO=meropenem, OX=oxacillin, PENG=penicillin G, PIP=piperacillin, PIPTAZ=piperacillin/tazobactam, QUIDAL=quinupristin/dalfopristin, RIF=rifampin, TETRA=tetracycline, TMZ=trimethoprim/sulfamethoxazole, VANC=vancomycin.

**Check here  if NONE of the organisms below are pathogens for this HAI *(data collection is now complete)*.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Acinetobacter*  *baumannii*  *other* | ***AMK*** | | ***AMPSUL*** | | ***CEFEP*** | | ***CEFTAZ*** | | ***CIPRO*** | | ***COL/PB*** | | ***GENT*** | | ***IMI*** | | ***LEVO*** | | ***MERO*** | | ***PIPTAZ*** | | ***TOBRA*** | | ***TIG*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *E. coli* | ***AMK*** | | ***AZT*** | | ***CEFEP*** | | ***CEFOT*** | | ***CEFTAZ*** | | ***CEFTRX*** | | | ***CIPRO*** | | ***GENT*** | | ***IMI*** | | ***LEVO*** | | ***MERO*** | | | ***TOBRA*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | | S  I | R  N |
| Positive test for extended-spectrum beta lactamase (ESBL) production?  Yes No Don’t know | | | | | | | | | | | | Positive test for carbapenemase production?  Yes No Don’t know | | | | | | | | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *E. faecium* | ***AMP*** | | ***DAPTO*** | | ***LNZ*** | | ***PENG*** | | ***QUIDAL*** | | ***VANC*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *E. faecalis* | ***AMP*** | | ***DAPTO*** | | ***LNZ*** | | ***PENG*** | | ***VANC*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Klebsiella*  *pneumoniae*  *oxytoca*  *other* | ***AMK*** | | ***AZT*** | | ***CEFEP*** | | ***CEFOT*** | | ***CEFTAZ*** | | ***CEFTRX*** | | ***CIPRO*** | | ***GENT*** | | ***IMI*** | | ***LEVO*** | | ***MERO*** | | | ***TOBRA*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | | R  N | S  I | R  N |
| Positive test for extended-spectrum beta lactamase (ESBL) production?  Yes No Don’t know | | | | | | | | | | Positive test for carbapenemase production?  Yes No Don’t know | | | | | | | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *P. aeruginosa* | ***AMK*** | | ***AZT*** | | ***CEFEP*** | | ***CEFTAZ*** | | ***CIPRO*** | | ***GENT*** | | ***IMI*** | | ***LEVO*** | | ***MERO*** | | ***PIP*** | | ***PIPTAZ*** | | ***TOBRA*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *S. aureus* | ***CLIND*** | | ***DAPTO*** | | ***DOXY*** | | ***ERYTH*** | | ***GENT*** | | ***LNZ*** | | ***OX*** | | ***QUIDAL*** | | ***RIF*** | | ***TETRA*** | | ***TMZ*** | | ***VANC*** | |
| S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N | S  I | R  N |

**FORM IS COMPLETE**