ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION: COMMUNITY ACQUIRED PNEUMONIA EVENT FORM

CDCID:	Data collector initials:						
Identifiers (for EIP Team use only; do not transmit to CDC)	Hospital code:						
Name: Date of birth:	/ /						
Case identification and eligibility							
A. Eligible ICD-9 codes recorded for this patient (check at 480.0	0.9						
B. Present on Admission? Yes No Unknown If "No" or "Unknown," stop here. This patient is NOT eligible to	or inclusion.						
C. Is there documentation in the medical record that ≥1 a ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible for	-						
D. Age >=1 year? ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible f	or inclusion.						
E. Is there documentation in the medical record of any of Nursing home or long term care facility residence prior to a Hospitalized >=2 days in the 90 days prior to admission Received IV antibiotic therapy in the 30 days prior to admission Received cancer chemotherapy in the 30 days prior to admission Received wound care in the 30 days prior to admission Chronic hemodialysis Home mechanical ventilation AIDS Solid organ, bone marrow, or stem cell transplant Long-term (>30 days) high-dose corticosteroid treatment Other congenital or acquired immunodeficiency Cystic fibrosis If any of these is indicated as present, stop here. This patient F. Based on A thru E above, confirm patient eligibility:	admission ssion nission t is NOT eligible for inclusion.						
Demographic characteristics, hospitalization dates and outcome 2. Discharge date: 2. Discharge date: 3. Discharge date: 4. Admission date: 9. The known							
1. Admission date: / / orUnknown							
3. Age:	4. Sex: M F Unknown						
5. Race (check all that apply): American Indian or Alaska Native Asian Black or African American Unknown	6. Ethnicity: ther Pacific Islander						
8. Patient outcome at time of hospital discharge: Survi							
9. Where did the patient reside the day prior to this admis ☐ Homeless ☐ Incarcerated ☐ Other	ssion? Private residence Another acute care hospital						

ntimicrobial aller 2. Is an antimicro	_	allerav red	corded in	n the medic	al record?	□Yes □N	lo ∐Unki	nown
2b. If yes, specify	_						_	
Drug class	Nausea, vomiting and/or diarrhea	Hives or urticaria	Other skin rash	Wheezing, throat tightness, trouble breathing	Angio- edema or face swelling	Anaphylaxis	Not specified	Other (specify)
Penicillins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Cephalosporins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Sulfa drugs	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Macrolides	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Fluoroquinolones	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Vancomycin	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Other (specify):	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Asthma Cerebrovascular Chronic cognitive Chronic kidney di Chronic liver dise Chronic lostructive Chronic lung dise Congenital heart Congestive heart Connective tissue Dementia Diabetes mellitus Hemiplegia	deficit sease ase ve pulmona ase (other to disease failure e disease with compl	ry disease than COP	e or emph D/emphy	nysema	Previous Myocardi Peptic uld Periphera Pregnand Sickle ce Smoking Solid tum Vaccinati Vaccinati	ial infarction cer disease al vascular dise cy Ill disease	MRSA colon ease , metastatic , not metast ccal a in past ye	tatic ar
neumonia signs and a commonia signs and a commonia signs and a commonia signs and a commonia signs are a commonia signs and a commonia signs and a commonia signs are a commonia signs and a commonia signs are a commonia signs and a commonia signs are a commonia signs are a commonia signs are a commonia signs and a commonia signs are a commonia	e (mm/dd/y symptoms	y):/_ s (check a l l l lt	all that ap ncreased Hemoptys Chest pai	oply): I secretions, sis n atus change	or to hospital			nknown Grunting Nasal flaring Head bobbing Chest wall retraction Wheezing Muscle aches
								None documented

		lo.	Date	iple imaging tests. If	-		s on radiograph				
			//							☐Cannot rule	out pneumonia
			//							☐Cannot rule	out pneumonia
Before hospitalization Cough or dyspnea Diarrhea	Before hospitalization Cough or dyspnea Diarrhea Diarrhea Cough or dyspnea Diarrhea Di		//	☐Bronchopneumonia ☐New or worsening in	/pneumonia					☐Pleural effus ☐Cannot rule	sion out pneumonia
Before hospital days 1-2	Before hospital days 1-2		//					=		☐Pleural effus ☐Cannot rule	sion out pneumonia
Infection (code) Onset date Signs and symptoms documented in medical record (check all that apply) Was infection treated with antimicrobials Cough or dyspnea Nausea or vomiting Pus, drainage, abscess Pever Other Urinary frequency Urinary urgency Unknown Unknown Pain at infection site Urinary urgency Unknown Pain at infection site Urinary urgency Urinary frequency Unknown Pain at infection site Urinary urgency Unknown Pain at infection site Urinary urgency Urinary urgenc	Infection (code) Onset date Signs and symptoms documented in medical record (check all that apply) Was infection treated with antimicrobials		//							☐Pleural effus ☐Cannot rule	sion out pneumonia
Coude Conset date	Cough or dyspnea		re than 4, e		e present.						Was infection
Diarrhea	Diarrhea	lo.		Onset date			(check all that a	apply)			
Before hospitalization Hospital days 1-2 On/after hospital day 3 Unknown Before hospitalization Hospital day 3 Unknown Before hospitalization Hospital day 3-2 On/after hospitalization Hospital day 3-2 On/after hospital day 3	Before hospitalization Hospital days 1-2 On/after hospital day 3 Unknown Before hospitalization Hospital day 3 Unknown Before hospitalization Hospital day 3 Unknown Before hospitalization Hospital day 3-2 On/after hospital day 3 Unknown Before hospitalization Hospital day 1-2 On/after hospital day 3 Unknown Before hospitalization Hospital day 1-2 On/after hospital day 3 Unknown Before hospitalization Hospital day 3-2 On/after hospital day 3 On/after ho	1		☐ Hospital days 1-2 ☐ On/after hospital day 3	☐Diarrhea ☐Fever ☐Hypotension		☐None of these ☐Other_ ☐Pain at infectio	n site	☐Rednes ☐Urinary ☐Urinary	ss or swelling frequency urgency	□No
Before hospitalization Hospital days 1-2 On/after hospital day 3 Unknown Cough or dyspnea Nausea or vomiting Pus, drainage, abscess Redness or swelling Ves Urinary frequency Urinary urgency Unknown	Before hospitalization Hospital days 1-2 On/after hospital day 3 Unknown Cough or dyspnea Nausea or vomiting Pus, drainage, abscess Redness or swelling Ves Urinary frequency Urinary frequency Urinary urgency Unknown	2		☐Hospital days 1-2 ☐On/after hospital day 3	☐ Cough or dyspr☐ Diarrhea☐ Fever☐ Hypotension	nea	☐None of these ☐Other_ ☐Pain at infectio	n site	☐Rednes ☐Urinary ☐Urinary	ss or swelling frequency urgency	□No
		3		☐ Hospital days 1-2 ☐ On/after hospital day 3	☐Cough or dyspr☐Diarrhea☐Fever☐Hypotension	nea	☐None of these ☐Other_ ☐Pain at infectio	n site	☐Rednes ☐Urinary ☐Urinary	ss or swelling frequency urgency	□No
		ectic	on codes: BJI	I , BSI, CNS, CVI, ENT, GTI, H							<u>l</u> mpiric therapy), U
		ecuc	on codes. But	, 631, 6N3, 6VI, ENT, GTI, n	EB, IAB, ERI, Olliel	(ѕреспу),	PNEU, REP, 331	(specify	site), SST,	, UND (Includes e	трпс пегару),

20. Complete the table below	for the specified dates (for a	Il events regardless of respor	nse to Q.19)::
SIRS parameter category	Hospital admission:	Hospital day 3:	Discharge:
Temperature:	//	<u> </u>	<u> </u>
Highest temperature recorded:	□°C or □°F or □Unk	□°C or □°F or □Unk	□°C or □°F or □Unk
Lowest temperature recorded:	°C or □°F or □Unk	□°C or □°F or □Unk	□°C or □°F or □Unk
Heart rate:			
Highest heart rate recorded:	bpm_or	bpm or	bpm or
Lowest heart rate recorded:	bpm or Unk	bpm or □Unk	bpm or □Unk
Respiratory:	рын от Понк	phii oiOtik	phill of Motik
	bpm_or	bpm or	bpm or
Highest respiratory rate recorded: Lowest arterial PaCO ₂ recorded:	ppm_or □Unk	bpm or □Unk mmHg or □Unk	ppm_orJUnk
Mechanically ventilated:	☐Yes ☐No ☐Unknown	mmHg orUnk Yes	Yes □No □Unknown
White blood cells:	Ties Divo Douknown	☐ 162 ☐INO ☐OUKUOWN	☐ 1 €2 ☐ INO ☐ ☐ OHKUOWN
Highest WBC count recorded:	cells/mm³ or Unk	cells/mm³ or Unk	cells/mm³ or Unk
Lowest WBC count recorded:	cells/mm or Unk	cells/mm³ or Unk	cells/mm or Unk
Highest %bands recorded:	% or Unk	% or □Unk	% or Unk
Blood pressure:	/6 OI LIOTIK		/0 UI L]UIIK
Lowest systolic blood pressure:	mmHg or Unk	mmHg or	mmHg or □Unk
Lowest mean arterial pressure:	mmHg or	mmHg or □Unk	mmHg or □Unk
On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
Serum lactate (lactic acid)	mg/dL or Unk	mg/dL or Unk	Intentionally left blank

	and route	End date (mm/dd/yy) and route			Indication
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	□Treatment → □Unknown	If treatment:
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site):
	IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site):
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	
	// □IV □Oral/enteral □IM □Inhaled	// IVOral/enteralIMInhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	
	// □IV □Oral/enteral □IM □Inhaled	// VOral/enteralIMInhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	// □IV □Oral/enteral □IM □Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other: □
	// □IV □Oral/enteral □IM □Inhaled	// □IV □Oral/enteral □IM □Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	//	☐MedProph ☐SurProph ☐NonInfect	□Treatment → □Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □ □Other: □
	// □IV □Oral/enteral □IM □Inhaled	// IV Oral/enteral IM Inhaled	☐MedProph ☐SurProph ☐NonInfect	□Treatment → □Unknown	If treatment:
arge CAP prescr	ibina				
as an antibiotic p	prescribed at discharge of the state of the				

CDCID:	CAPEventForm_v7_20140626

23. M	icrobiology data: reco	<u>ra cultures or</u> ot	<u>her microbiolog</u>	<u>jy tests colle</u>	ected during the hospitalization.		
No.	Specimen	Collect date (mm/dd/yy)	Test result final date (mm/dd/yy)	Positive or negative	Pathogens identified (insert code) and culture colony count (CFU/ml, where applicable)	If SA was identified, is SA susceptible (S) to methicillin, oxacillin, or cefoxitin?	Are all pathogens susceptible (S) to ≥1 antimicrobial the patient was getting THE DAY AFTER THE TEST RESULT WAS FINAL?
1	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 □<10K	□Yes □No □Unk	□Yes □No □Unk
2	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
3	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
4	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
5	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
6	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1<10K	□Yes □No □Unk	□Yes □No □Unk
7	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
8	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk	□Yes □No □Unk
9	□Blood □Sputum □ETA □BAL □Urine □Other	//	//	□Neg □Pos □Unk	Path1 □<10K	□Yes □No □Unk	□Yes □No □Unk
10	□Blood □Sputum □ETA □BAL □Urine □Other		//	□Neg □Pos □Unk	Path1	□Yes □No □Unk	□Yes □No □Unk

ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION: URINARY TRACT INFECTION EVENT FORM

CDCID: Date: /		Data collector initials:					
Identifiers (for EIP Team use only; do not transmit to CDC)		Hospital code:					
Name: Date of birth:	/ / Medical r	ecord no.:					
Coop identification and alimitality							
Case identification and eligibility							
A. Eligible ICD-9 codes recorded for this patient (check a 590.10 □590.11 □590.2 □590.3 □590.80 □None → If "None," stop here. This patient is NOT eligible in	□590.81 □ 590.9	□595.0 □597.0 □597.80 □599.0					
B. Present on Admission? ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible in	for inclusion.						
C. Is there documentation in the medical record that ≥1 a ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible is	_	or an indication of UTI?					
D. Age >=1 year? ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.							
E. Based on A thru D above, confirm patient eligibility:	E. Based on A thru D above, confirm patient eligibility: ☐Not eligible → stop. ☐Eligible → complete rest of form.						
		·					
Demographic characteristics, hospitalization dates and	outcome						
1. Admission date: / /	2. Discharge date: _	/ or Unknown					
3. Age: □years or □Unknown	4. Sex : □M □F	□Unknown					
5. Race (check all that apply): American Indian or Alaska Native Asian Black or African American Unknown	ther Pacific Islander	6. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown					
8. Patient outcome at time of hospital discharge: Survi	ved Died Unkr	nown					
Healthcare exposures							
9. Where did the patient reside the day prior to this admission? Private residence Long term care/SNF LTACH Another acute care hospital Homeless Incarcerated Unknown							
10. In the 30 days prior to admission, did the patient receils of the patient received by the pa		urgery					
11. Was the patient hospitalized in an acute care hospita ☐Yes ☐No ☐Unknown	I for >=2 days in the 9	90 days prior to this admission?					

ntimicrobial alle 2. Is an antimicro 2b. If yes, specify Drug class	bial drug				llergic, and r		lo	nown
Drug class	Nausea, vomiting and/or diarrhea	Hives or urticaria	Other skin rash	throat tightness, trouble breathing	Angio- edema or face swelling	Anaphylaxis	Not specified	Other (specify)
□Penicillins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Cephalosporins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Sulfa drugs	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Macrolides	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Fluoroquinolones	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Vancomycin	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Other (specify):	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Cerebrovascular Chronic cognitive Chronic kidney d Chronic liver dise Chronic lostructi Chronic lung dise Chronic steroid o Congenital urinar Congestive heart Congenital heart Cystic fibrosis Dementia Diabetes mellitus Hemiplegia HIV without AIDS	e deficit isease ve pulmona ease (other or other imm ry tract abnormaliure e disease disease s with comp	ary disease than COP nunosuppro ormality (n	e or emph D/emphy essive tho ot VUR)	[nysema sema	Peptic ulca Periphera Pregnance Recurrent Renal ster Sickle cell Smoking Solid tumo Solid tumo Spinal cor Transplan Transplan Urostomy Urologic o	er disease I vascular disea y cystitis or urin nts disease or malignancy, or malignancy, d injury or para	metastatic (not metasta aplegia or qu ic stem cell	(not urologic/renal) atic (not urologic/ren
rinary tract infect 1. Date of UTI ons 5. Signs and sym]Fever]Nausea or vomiti]Urgency]Rigors	set (mm/doptoms (changed) V	l/yy):	_// at apply) d in urine pain	: □Co □Su □Me	stovertebral prapubic pai ental status c	spitalization bu angle (CVA) p n, swelling or t hanges or fund with urination	ain or tende	erness

Yes		is: complete table	nelow of	CHECK LINO	me done of			sis done	
Yes	o. Urinal	ysis Date (mm/dd/yy)	Pyuria (>	5 WBCs / hpf)	Positive nitrite	es	-	Positive bacteria	Positive yeast
Signs and symptoms documented in medical record (check all that apply)	1/_	/]Yes	□Yes		_Yes	□Yes	□Yes
Infections present during the hospitalization: complete table, or check								_	
Infections present during the hospitalization: complete table, or check None or Unknown or than 4, enter the first 4 that were present. Infection (code)		/							
Infections present during the hospitalization: complete table, or check None or Unknown more than 4, enter the first 4 that were present. Infection (code)			_		<u> </u>			_	<u> </u>
Infection (code) Onset date Cough or dyspnea Diarrhea Hypotension Hospital days 1-2 On/after hospital days 1-2 On/after hospital day 3 Diarrhea Dositive imaging Dunknown Dresitive imaging Dress Redness or swelling Diarrhea Dia	' ' -			_1 es				□ les	
Hypotension		Before hospitali	zation [□Cough or dys □Diarrhea	pnea Na	ausea or vom	a pply) iting □Pu □Re	us, drainage, abscess edness or swelling	antimicrobials?
On/after hospital day 3		☐Unknown ☐Before hospitali	zation	☐Hypotension ☐Mental status ☐Cough or dys ☐Diarrhea	change Poppea Na	ain at infection ositive imaging ausea or vom one of these	n site Ur g Ur iting DPu DRe	inary urgency nknown us, drainage, abscess edness or swelling	□Unknown
□ On/after hospital days 1-2 □ On/after hospital day 3 □ Unknown □ Pain at infection site □ Urinary frequency □ Urinary urgency □ Unknown □ Unknown □ Unknown		□On/after hospita □Unknown □Before hospitali	al day 3	☐Hypotension ☐Mental status ☐Cough or dys	change Po	ain at infection ositive imaging ausea or vom	n site □Ur g □Ur iting □Pu	inary urgency hknown us, drainage, abscess	□Unknown
Stori codes. Bot, Bot, Grie, Gri, Erit, Grie, Erit, Guiloi (Geodily), Fried, Tele (Geodily site), Get (Geo		☐On/after hospita☐Unknown	-2 al day 3 [☐Fever ☐Hypotension ☐Mental status	□O □Pa change □Pa	ther ain at infectior ositive imagin	□Ur n site □Ur g □Ur	inary frequency inary urgency nknown	□No □Unknown

9. Was the patient in an ICU at any time during the hospitalization?	everity of illness			
If Yes, enter the dates of the first ICU admission during the hospitalization: ICU admission date: / / _ ICU discharge date: / / 20. Complete the table below for the specified dates (for all events regardless of response to Q.19):: SIRS parameter category		any time during the hospita	alization? Tyes No	Unknown
CO discharge date: / / CU discharge date: / /				
SIRS parameter category Admission: / / /	ICU admission date:/	_/ ICU disch	arge date: / /	-
SIRS parameter category Admission: / / /				
Temperature: Highest temperature recorded:				nse to Q.19)::
Highest temperature recorded:°C or°F or _Unk°C or°F or _Unk	SIRS parameter category	Admission:	Hospital day 3:	Discharge:
Lowest temperature recorded:	Temperature:			
Lowest temperature recorded:	-	□°C or □°F or □Unk	□°C or □°F or □Unk	□°C or □°F or □Unk
Heart rate: Highest heart rate recorded:bpm_ or _ Unkbpm_ or _ U	-	□°C or □°F or □Unk	□°C or □°F or □Unk	□°C or □°F or □Unk
Lowest heart rate recorded:bpm_ or _ Unkbpm_ or _ Unkbpm_ or _ Unk Respiratory:				
Highest respiratory rate recorded:bpm_ or _ Unkbpm_ or _ Unkbpm_ or _ Unkbpm_ or _ Unkbpm_ or _ UnkmmHg or _ Unk	Highest heart rate recorded:	bpm or Unk	bpm or □Unk	bpm or Unk
Highest respiratory rate recorded:bpm_ or _Unkbpm_ or _Unkbpm_ or _UnkmmHg or _Unk	Lowest heart rate recorded:	bpm or Unk	bpm or □Unk	bpm or □Unk
Lowest arterial PaCO₂ recorded:mmHg or Unk	Respiratory:			
Mechanically ventilated:				
White blood cells: Highest WBC count recorded: Lowest WBC count recorded: Highest WBC count recorded: Cells/mm³ or Unk Mighest %bands recorded: % or Unk % or Unk % or Unk Mighest %bands recorded: Mighest %bands recorded:	Lowest arterial PaCO₂ recorded:			
Highest WBC count recorded:cells/mm³ or _Unkcells/mm³ or _Unkmm³ or _Unk		☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
Lowest WBC count recorded:cells/mm³ or _Unkcells/mm³ or _Unkcells/mm³ or _Unkw or _Unk% or _Unk% or _Unk% or _Unk% or _Unk% or _Unkw or _Unk				
Highest %bands recorded:% or _Unk% or _Unk% or _Unk Blood pressure:mmHg or _UnkmmHg or _UnkmmHg or _Unk Lowest systolic blood pressure:mmHg or _UnkmmHg or _UnkmmHg or _Unk Con vasopressorsYesNo _UnknownYesNo _UnknownYesNo _Unknown		1		
Blood pressure: Lowest systolic blood pressure:mmHg or				
Lowest systolic blood pressure:mmHg or		% or ∐Unk	% or ∐Unk	% or ∐Unk
Lowest mean arterial pressure:mmHg or _UnkmmHg or _UnkmmHg or _Unk On vasopressorsYesNoUnknownYesNoUnknownYesNoUnknown		mmUs or Ullali	mmHe or Ulate	mm∐c or □11-1-
On vasopressors			.	.
	Lowest moon ortarial arcseurs:	I mm∐a or I II lola	mmHc or I II of	mmHc or I IIIal
Ingut of John Internollary let vietn.	-			.
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown
	On vasopressors	□Yes □No □Unknown	☐Yes ☐No ☐Unknown	□Yes □No □Unknown

	ninistration: complete the		ls administered	during the hospita					
Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route			Indication				
	// IVOral/enteralIMInhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	□Treatment → □Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ / IV Oral/enteral IM Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ / IV Oral/enteral IM Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment:				
	// IVOral/enteralIMInhaled	// □IV □Oral/enteral □IM □Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	// IVOral/enteralIMInhaled	// IV Oral/enteral IM Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown					
	//								
Discharge UTI prescr	ibing prescribed at discharge	to treat UTI? Yes	□No □Unk	nown					
22b. If yes, enter antibi	otic #1 name:	No. days pres	cribed:	or \square Unknown					
enter antibi	iotic #2 name:	No. days pres	scribea:	orUnknowr	1				

CDCID:		

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23. IVII	crobiology data: record (cultures or other	microbiology test	ts collected of	during the hospitalization.	
No.	Specimen	Collect date (mm/dd/yy)	Test result final date (mm/dd/yy)	Positive or negative	Pathogens identified (insert code) and culture colony count (CFU/ml, where applicable)	Are all pathogens susceptible (S) to ≥1 antimicrobial the patient was getting THE DAY AFTER THE TEST RESULT WAS FINAL?
1	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other	//	//	□Neg □Pos □Unk	Path1 10-49.9K 50-100K >100K □ NA Path2 10-49.9K 50-100K >100K □ NA Path3 <10K	□Yes □No □Unk
2	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 10-49.9K 50-100K 100K U NA Path2 10-49.9K 50-100K >100K U NA Path3 10-49.9K 50-100K >100K U NA	□Yes □No □Unk
3	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 < 10K 10-49.9K 50-100K > 100K U NA Path2 < 10K 10-49.9K 50-100K > 100K U NA Path3 < 10K 10-49.9K 50-100K > 100K U NA	□Yes □No □Unk
4	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other	//	//	□Neg □Pos □Unk	Path1 <10K <10-49.9K <50-100K <100K <1	□Yes □No □Unk
5	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 <10K < 10-49.9K < 50-100K < >100K < U	□Yes □No □Unk
6	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk
7	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 <10K	□Yes □No □Unk
8	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 -10K 10-49.9K 50-100K -100K □ NA Path2 -10K 10-49.9K 50-100K -100K □ NA Path3 -10K 10-49.9K 50-100K -100K □ NA	□Yes □No □Unk
9	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other □	//	//	□Neg □Pos □Unk	Path1 -<10K	□Yes □No □Unk
10	□Blood □Resp □Urine,cc □Urine,cath □Urine,other □Other	//	//	□Neg □Pos □Unk	Path1 -<10K	□Yes □No □Unk

ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION: INTRAVENOUS VANCOMYCIN EVENT FORM

CDCID: Data collector initials:
Identifiers (for EIP Team use only; do not transmit to CDC) Hospital code:
Name: Date of birth: / / Medical record no.:
Case identification and eligibility A. Did the patient receive at least 1 dose of intravenous vancomycin during the hospitalization, per the Medication Administration Record? ☐ Yes ☐ No ☐ Unknown → If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.
B. Was vancomycin administered solely for surgical prophylaxis? ☐ Yes ☐ No ☐ Unknown → If "Yes" or "Unknown," stop here. This patient is NOT eligible for inclusion.
C. Age >=1 year? ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.
D. Based on A thru C above, confirm patient eligibility: ☐Not eligible → stop. ☐Eligible → complete rest of form.
Demographic characteristics, hospitalization dates and outcome
1. Admission date: / / or
,
1. Admission date: / / or
1. Admission date: / / or
1. Admission date: / / 2. Discharge date: / / or
1. Admission date: / / or

ntimicrobial alle 2. Is an antimicro 2b. If yes, specify	bial drug						lo 🔲 Unki	nown
Drug class	Nausea, vomiting and/or diarrhea	Hives or urticaria	Other skin rash	Wheezing, throat tightness, trouble breathing	Angio- edema or face swelling	Anaphylaxis	Not specified	Other (specify)
Penicillins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Cephalosporins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Sulfa drugs	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Macrolides	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Fluoroquinolones	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Vancomycin	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Other (specify):	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
none or no chart a				ox: ∐None				
Underlying cor	iditions: c	heck all tha	at apply					
none or no chart a				ox: None				
none or no chart a]AIDS				ox: ∐None	☐HIV with			
none or no chart a AIDS Alcoholism				ox: None	☐HIV with	out AIDS		
none or no chart a]AIDS]Alcoholism]Asplenia				ox: ∐None	☐HIV witho☐IVDU☐Leukemi	out AIDS a		
none or no chart a AIDS Alcoholism Asplenia Asthma	available, c	heck appro	opriate bo		☐HIV withouthouthouthouthouthouthouthouthouthou	out AIDS a ma or multiple r	•	
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular	available, c	heck appro	opriate bo		☐HIV with ☐IVDU ☐Leukemi ☐Lymphor ☐Previous	out AIDS a ma or multiple r s documented M	•	ization or infection
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive	disease/str deficit	heck appro	opriate bo		☐HIV without DIVDU☐Leukemi☐Lymphor☐Previous☐Myocard	out AIDS a ma or multiple r documented N ial infarction	/IRSA colon	
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive	disease/str deficit sease	heck appro	opriate bo		☐HIV withen IVDU☐Leukemi☐Lymphor☐Previous☐Myocard☐Neutrope	out AIDS a ma or multiple redocumented Maial infarction enia (absolute re	/IRSA colon	ization or infection ount <500 cells / μL
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic kidney di	disease/str deficit sease ase	heck appro	opriate bo	legia)	HIV withen IVDU Leukemi Lymphor Previous Myocard Neutrope	out AIDS a ma or multiple r documented N ial infarction enia (absolute r cer disease	MRSA colon	
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic kidney di Chronic liver dise	disease/str deficit sease ase ve pulmona	heck appro	opriate bo	legia) hysema	HIV withen IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher	out AIDS a ma or multiple reduction ial infarction enia (absolute reduction december) cer disease al vascular dise	MRSA colon	
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic kidney di Chronic liver dise Chronic lobstructi Chronic lung dise	disease/str deficit sease ase ve pulmona	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV withen IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher	out AIDS a ma or multiple reduction ial infarction enia (absolute reduction derica) cer disease al vascular dise	MRSA colon	
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic kidney dise Chronic liver dise Chronic obstructi Chronic lung dise Chronic steroid o	disease/str deficit sease ase ve pulmona ase (other r other imm	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV wither IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Pregnan	out AIDS a ma or multiple reduction ial infarction enia (absolute reduction) cer disease al vascular dise cy ell disease	MRSA colon	
none or no chart a AIDS Alcoholism Asplenia Cerebrovascular Chronic cognitive Chronic kidney di Chronic liver dise Chronic lobstructi Chronic lung dise Chronic steroid o Congenital heart	disease/str deficit sease ase ve pulmona ase (other r other imm	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV wither IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Pregnan Sickle ce	out AIDS a ma or multiple reduction ial infarction enia (absolute reduction) cer disease al vascular dise cy ell disease	MRSA colon neutrophil co	ount <500 cells / μL
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic liver dise Chronic liver dise Chronic lung dise Chronic steroid o Congenital heart Congestive heart	disease/str deficit sease ase ve pulmonarase (other r other imm disease failure	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV withen IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher. Pregnane Sickle ce Smoking	out AIDS a ma or multiple reduction contained absolute reduced al vascular disection cell disease	MRSA colon neutrophil co ease	ount <500 cells / μL
none or no chart a AIDS Alcoholism Asplenia Cerebrovascular Chronic cognitive Chronic liver dise Chronic lung dise Chronic steroid o Congenital heart Connective tissue	disease/str deficit sease ase ve pulmonarase (other r other imm disease failure	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV wither IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Pregnan Sickle ce Smoking Solid tun	out AIDS a ma or multiple restriction enia (absolute recer disease al vascular disecy ell disease nor malignancy	MRSA colon neutrophil co ease , metastatic , not metast	ount <500 cells / μL
none or no chart a AIDS Alcoholism Asplenia Asthma Cerebrovascular Chronic cognitive Chronic liver dise Chronic liver dise Chronic lung dise Chronic steroid o Congenital heart Congestive heart Connective tissue	disease/str deficit sease ase ve pulmonarase (other r other imm disease failure	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV withen IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Pregnan Sickle ce Smoking Solid tun Solid tun	out AIDS a ma or multiple restriction enia (absolute recer disease al vascular disecy ell disease nor malignancy	MRSA colon neutrophil co ease , metastatic , not metast	ount <500 cells / μL
none or no chart a [AIDS] Alcoholism Asplenia Cerebrovascular Chronic cognitive Chronic liver dise Chronic liver dise Chronic lung dise Chronic steroid o Congenital heart Congestive heart Connective tissue Cystic fibrosis	disease/str deficit sease ase ve pulmona ase (other r other imm disease failure e disease	roke (excepary disease than COP	pt hemiple or employee	legia) hysema ⁄sema)	HIV wither IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Sickle ce Smoking Solid tun Solid tun Transpla	out AIDS a ma or multiple reduction dial infarction denia (absolute reduced disease al vascular disect cy dell disease mor malignancy ant, hematopoie	MRSA colon neutrophil co ease , metastatic , not metast etic stem cel	ount <500 cells / μL
B. Underlying cornone or no chart and part of the part	disease/str deficit sease ase ve pulmona ase (other r other imm disease failure e disease	roke (excepary disease than COP nunosuppre	pt hemiple or employensive th	legia) hysema ⁄sema)	HIV wither IVDU Leukemi Lymphor Previous Myocard Neutrope Peptic ul Peripher Pregnan Sickle ce Smoking Solid tun Solid tun Transpla Transpla	out AIDS a ma or multiple restriction enia (absolute recer disease al vascular disease ell disease mor malignancy nor malignancy ant, hematopoie ent, solid organ	MRSA colon neutrophil co ease , metastatic , not metast etic stem cel	ount <500 cells / μL tatic I or bone marrow

5. Ir f mo	re than 4,	enter the first 4 tha	t were present.				· • • • • •
No.	Infection (code)	Onset date	Signs and s	mptoms documented in (check all that apply)	medical rec	ord	Was infection treated with vancomycin
1		□ Before hospitalizati □ Hospital days 1-2 □ On/after hospital da □ Unknown	ay 3	Nausea or vomiting None of these Other Pain at infection site Positive imaging	☐Rednes ☐Urinary ☐Urinary ☐Unknow	/n	□Yes □No □Unknown
2		□Before hospitalizati □Hospital days 1-2 □On/after hospital da □Unknown	ay 3	Nausea or vomiting None of these Other Pain at infection site Positive imaging	☐Rednes☐Urinary☐Urinary☐Unknow	/n	□Yes □No □Unknown
3		□Before hospitalizati □Hospital days 1-2 □On/after hospital da □Unknown	ay 3	Nausea or vomiting None of these Other Pain at infection site Positive imaging	☐Rednes☐Urinary☐Urinary☐Unknow	/n	□Yes □No □Unknown
4		☐Before hospitalizati ☐Hospital days 1-2 ☐On/after hospital da ☐Unknown	□□Diarmea		☐Rednes☐Urinary☐Urinary☐Unknow	/n	□Yes □No □Unknown
6. V	If Yes , e	tient in an ICU at enter the dates of the dmission date:	any time during the hosp ne first ICU admission duri _// or the specified dates (fo	ng the hospitalization CU discharge date: _	: /		
6. V 17.	Ids the particular If Yes, each	tient in an ICU at enter the dates of the dmission date: the table below for	ne first ICU admission duri _// or the specified dates (fo	ng the hospitalization CU discharge date: _ r all events regardles First day of vancom	s of respon	/nse to Q.16): Discharge:	
6. V 17. SIRS	lf Yes, e ICU ac	tient in an ICU at enter the dates of the dmission date: the table below for	ne first ICU admission duri	ng the hospitalization CU discharge date: _rall events regardles	s of respon	_/ nse to Q.16):	
6. V 17. SIRS	I yes, e If yes, e ICU ac Complete parameter perature:	tient in an ICU at enter the dates of the dmission date: the table below for	ne first ICU admission duri _// or the specified dates (fo	ng the hospitalization CU discharge date: _ r all events regardles First day of vancom//	s of respon	_/nse to Q.16): Discharge:	
17. SIRS	I yes, e If yes, e ICU ac Complete S parameter perature:	tient in an ICU at enter the dates of the dmission date: the table below for category	ne first ICU admission duri _// or the specified dates (fo	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	_/ nse to Q.16): Discharge: //_	°F or □Unk □°F or □Unk
17. Fem	I yes, e If yes, e ICU ac Complete S parameter perature:	tient in an ICU at enter the dates of the dates of the dates of the dates of the table below for category	ne first ICU admission duri	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	_/ nse to Q.16): Discharge: //_	□°F or □Unk
17. SIRS	Idas the parallel of Yes, of ICU and I	tient in an ICU at enter the dates of the dates of the dates of the dates of the table below for category	ne first ICU admission duri	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	_/ nse to Q.16): Discharge: //_	°F orUnk °F orUnk
17. SIRS	If Yes, a If Yes, a ICU accomplete is parameter in perature: ighest temper in trate: ighest heart in ight in i	tient in an ICU at enter the dates of the date date. the table below for category rature recorded:	ne first ICU admission duri	rall events regardles. First day of vancom	s of respon	Discharge: Discharge:	□°F or □Unk □°F or □Unk □Unk
17. SIRS Fem H L	If Yes, a If Yes, a ICU accomplete is parameter in perature: ighest temper in trate: ighest heart in ight in i	tient in an ICU at enter the dates of the enter the enter the dates of the enter	ne first ICU admission duri _// or the specified dates (for the specified dates)	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	/	□°F or □Unk □°F or □Unk □Unk
17. SIRS Hear	If Yes, a If Yes, a If Yes, a ICU and	tient in an ICU at enter the dates of the enter the enter the dates of the enter	ne first ICU admission duri _// or the specified dates (for the specified dates)	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	/	□°F or □Unk □°F or □Unk □Unk □Unk
6. V	If Yes, a If Yes, a ICU accomplete is parameter in perature: ighest temper it rate: ighest heart representations in the complete in the comple	tient in an ICU at enter the dates of the enter the ent	ne first ICU admission duri _// or the specified dates (for the specified dates) Hospital admission:// ^/ ^ _ C or ^F or Unk bpm or	r all events regardles. First day of vancom	s of respon	/nse to Q.16): Discharge:	_]°F orUnk _]°F orUnk Unk Unk Unk
Tem Hear	If Yes, a If Yes, a ICU accomplete is parameter in perature: ighest temper it rate: ighest heart representations in the complete in the comple	then tin an ICU at enter the dates of the the dates of th	ne first ICU admission duri _// or the specified dates (fo Hospital admission:// °C or °F or Unk bpm or Unk bpm or Unk bpm or Unk	r all events regardles. First day of vancom	s of respon	nse to Q.16): Discharge:	°F orUnk °F orUnk Unk Unk Unk Unk
17. SIRS Hear	If Yes, of ICU and If Yes, of ICU and	tient in an ICU at enter the dates of the enter the enter the dates of the enter the	ne first ICU admission duri _// or the specified dates (for Hospital admission://	ng the hospitalization CU discharge date: _ r all events regardles. First day of vancom//	s of respon	nse to Q.16): Discharge:	□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unk □Unk
Tem Hear Hear HO Whith	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the the dates of the dimission date: the table below for the table	ne first ICU admission duri _// or the specified dates (for the specified dates) Hospital admission://	r all events regardles. First day of vancom	s of respon	/nse to Q.16): Discharge://_	°F orUnk°F orUnkUnkUnkUnkUnkUnkUnkUnk
17. SIRS Fem H L Resi H L Whit	If Yes, a If Yes	then tin an ICU at enter the dates of the table below for the tabl	ne first ICU admission duri _// or the specified dates (for Hospital admission: // // °C or °F or Unk bpm or Unk	r all events regardles. First day of vancom	s of respon	nse to Q.16): Discharge:	□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unknow
17. SIRS Hear	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the table below for the tabl	ne first ICU admission duri _// or the specified dates (for the specified dates) Hospital admission://	r all events regardles. First day of vancom	s of respon	/nse to Q.16): Discharge://_	□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unknow
17. SIRS Tem H L Hear H L White	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the the dates of the dimission date: the table below for the table	ne first ICU admission duri // or the specified dates (for the specified dates) Hospital admission: // ^ ^ C or °F or Unk bpm	r all events regardles. First day of vancom	s of respon		°F orUnk°F orUnkUnkUnkUnkUnkUnkUnknow /mm³ orUnk /mm³ orUnk
17. SIRS Tem H L Hear H L White	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the table below for the tabl	ne first ICU admission duri _// or the specified dates (for the specified dates (for the specified dates)	r all events regardles. First day of vancom	s of respon		□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unk □Unk □Unknow /mm³ or □Unk /mm³ or □Unk
Tem H L Resi H L White	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the the dates of the dimission date: the table below for the table	ne first ICU admission duri//	r all events regardles. First day of vancom	s of respon		□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unknow /mm³ or □Unk /mm³ or □Unk Unk □Unk
Tem Hean H L Resi H L H Bloc	If Yes, of ICU and If Yes, of ICU and	then tin an ICU at enter the dates of the table below for the tabl	ne first ICU admission duri _// or the specified dates (for the specified dates (for the specified dates)	r all events regardles. First day of vancom	s of respon		□°F or □Unk □°F or □Unk □Unk □Unk □Unk □Unk □Unk □Unk □Unk

VancoEventForm_v6_20140626

CDCID:_

Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route			Indication
	//	//	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site):
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS' □UND □UTI □SSI (site): □ □Other: □
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other: □
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment:
	// □IV □Oral/enteral □IM □Inhaled	// □IV □Oral/enteral □IM □Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS' □UND □UTI □SSI (site): □ □Other: □
	// □IV □Oral/enteral □IM □Inhaled	//	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	//	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	/ /	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment: □BJI □BSI □CNS □CVI □ENT □GTI □HEB □IAB □LRI □PNEU □REP □SS' □UND □UTI □SSI (site): □Other:
	// □IV □Oral/enteral □IM □Inhaled	// □IV □Oral/enteral □IM □Inhaled	☐MedProph ☐SurProph ☐NonInfect	☐Treatment → ☐Unknown	If treatment:
	/cin prescribing n prescribed at discharç	ge (i.e., prescribed to b	e administered	I to the patient fo	or additional days after hospital discharge)?

	. Microbiology data during hospitalization: Record tests/cultures collected within 4 days before vancomycin start date through the vancomycin end date. Do									
NOT r	ecord screening	g nares cultures	for MRSA in th	ne table. 4	days before va	ancomycin start date:		ancomycin end date:	//	
No.	Specimen	Collect date (mm/dd/yy)	Test result final date (mm/dd/yy)	Positive or negative	Pathogens identified (insert code)	Pathogen susceptible to oxacillin, methicillin or cefoxitin?	Pathogen susceptible to penicillin or ampicillin?	Pathogen susceptible to vancomycin?	Are all pathogens susceptible (S) to ≥1 antimicrobial the patient was getting THE DAY AFTER THE DATE THE TEST RESULT WAS FINAL?	
1	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1:	□Yes □No □Unk	
2	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1:	□Yes □No □Unk	
3	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1:	□Yes □No □Unk	
4	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1:	□Yes □No □Unk	
5	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1: \ Y \ N \ U \\Path2: \ Y \ N \ U \\Path3: \ Y \ N \ U \\N \\\X \\X \\X \\X \\X \\X \\X \\X \\	Path1:	Path1:	☐Yes ☐No ☐Unk	
6	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1:	☐Yes ☐No ☐Unk	
7	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1: \ Y \ N \ U \\Path2: \ Y \ N \ U \\Path3: \ Y \ N \ U \\N \\\X \\X \\X \\X \\X \\X \\X \\X \\	Path1:	Path1:	☐Yes ☐No ☐Unk	
8	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1: \ Y \ N \ U \\Path2: \ Y \ N \ U \\Path3: \ Y \ N \ U \\N \\N \\N \\N \\N \\N \\N \\N \\N \\	Path1: Y	Path1:	☐Yes ☐No ☐Unk	
9	☐Blood ☐Urine ☐Resp ☐Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1: Y N U Path2: Y N U Path3: Y N U U Path3: Y N U	Path1: Y N U Path2: Y N U Path3: Y N U U Path3: Y N U	Path1: Y	□Yes □No □Unk	
10	Blood Urine Resp Other	//	//	□Neg □Pos □Unk	Path1 Path2 Path3	Path1:	Path1:	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	□Yes □No □Unk	

VancoEventForm_v6_20140626

CDCID:_

^{***}FORM IS COMPLETE***

ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION: FLUOROQUINOLONE EVENT FORM

CDCID: Data collector initials:
Identifiers (for EIP Team use only; do not transmit to CDC) Hospital code:
Name: Date of birth:/ Medical record no.:
Case identification and eligibility
A. Did the patient receive at least 1 dose of a fluoroquinolone (IV or oral/enteral) during the hospitalization, per the Medication Administration Record?
Yes ☐No ☐Unknown → If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.
B. Which fluoroquinolones were administered?
□Ciprofloxacin □Levofloxacin □Moxifloxacin □None of these → If "None of these" is checked, stop here. This
patient is NOT eligible for inclusion.
C. Age >=18 years? ☐Yes ☐No ☐Unknown If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion Note that the age cutoff is different than the other
events because children are not included in the fluoroquinolone event.
D. Based on A and C above, confirm patient eligibility: ☐Not eligible → stop. ☐Eligible → complete rest of form.
Demographic characteristics, hospitalization dates and outcome
1. Admission date: / / or
3. Age:
5. Race (check all that apply): 6. Ethnicity:
American Indian or Alaska Native
□ Asian □ White □ Not Hispanic or Latino □ Black or African American □ Unknown
8. Patient outcome at time of hospital discharge: Survived Died Unknown
6. Patient outcome at time of nospital discharge.
Healthcare exposures
9. Where did the patient reside the day prior to this admission? Private residence Long term care/SNF LTACH Another acute care hospital Homeless Incarcerated
I I I I I I I I I I I I I I I I I I I
Other Unknown
Other

Drug class	Nausea, vomiting and/or diarrhea	Hives or urticaria	Other skin rash	Wheezing, throat tightness, trouble breathing	Angio- edema or face swelling	Anaphylaxis	Not specified	Other (specify)
Penicillins	□Yes	□Yes	□Yes	☐Yes	□Yes	□Yes	□Yes	□Yes
☐Cephalosporins	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Sulfa drugs	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Macrolides	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
☐Fluoroquinolones	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
□Vancomycin	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
Other (specify):	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes	□Yes
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FQEventForm_v6_20140626

CDCID: ___

		oresent during the enter the first 4 the		pitalization: complete present.	table, or check	None or	Unknown	
No.	Infection (code)	Onset date		Signs and sym	ptoms documented in (check all that apply)	medical red	cord	Was infection treated with fluoro-quinolones?
		☐Before hospitalizat	tion	☐Cough or dyspnea	☐Nausea or vomiting		ainage, abscess	•
		Hospital days 1-2	lion		□None of these		s or swelling	□Yes
1		On/after hospital d	lay 3		☐Other ☐Pain at infection site	☐Urinary ☐Urinary	frequency	□No □Unknown
		□Unknown		☐Mental status change	Positive imaging	Unknov	vn	
		☐Before hospitalizat	tion		Nausea or vomiting		ainage, abscess	
2		☐Hospital days 1-2			□None of these □Other		ss or swelling frequency	□Yes □No
_		☐On/after hospital d☐Unknown	lay 3	Hypotension	Pain at infection site	Urinary	urgency	Unknown
		Полиноми			Positive imaging	Unknov		
		☐Before hospitalizat	tion		☐Nausea or vomiting ☐None of these		ainage, abscess	□Yes
3		☐Hospital days 1-2	lov 2	Fever	Other		frequency	□ No
		☐On/after hospital d☐Unknown	iay 3		Pain at infection site	□Urinary	urgency	Unknown
					☐Positive imaging☐Nausea or vomiting	Unknov	vn ainage, abscess	
		Before hospitalizat	tion	☐Cough or dysphea ☐Diarrhea	☐None of these		ainage, abscess	□Yes
4		☐Hospital days 1-2 ☐On/after hospital d	lav 3	□Fever	Other	□Urinary	frequency	□No
		Unknown	lay 0	☐ Hypotension☐ Mental status change	Pain at infection site	□Urinary □Unknov	urgency	□Unknown
	If Yes, e	tient in an ICU at	the firs	me during the hospit t ICU admission during _/ ICU	the hospitalization:		Unknown /	
6. V	lf Yes, e ICU adn	tient in an ICU at enter the dates of thission date:the table below the	the firs	t ICU admission during _/ ICU specified dates (for a	the hospitalization: discharge date:all events regardless	/ of respon	/	
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20. Microbiology data during hospitalization: Record tests/cultures collected within 4 days before fluoroquinolone start date through the end date. 4 days before fluoroguinolone start date: Fluoroquinolone end date: Are all pathogens susceptible (S) to ≥1 antimicrobial Test result final **Positive Pathogens** Collect date Pathogen susceptible Pathogen susceptible Pathogen susceptible the patient was identified No. Specimen date or (mm/dd/yy) to ciprofloxacin? to levofloxacin? to moxifloxacin? getting THE DAY (mm/dd/yy) (insert code) negative **AFTER THE TEST RESULT WAS** FINAL? Blood Path1 Neg Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U □Yes □Urine Path2 Path2: ☐Y ☐N Pos Path2: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Пυ ∏No □ Resp ∏Unk Path3: □Y □N □U Path3: □Y □N □U Path3: ☐Y ☐N Пυ □Unk Path3 **□**Other □Blood □Neg Path1 Path1: ☐Y ☐N Path1: ☐Y ☐N Path1: \Begin{array}{c} Y & \Boxed N \end{array} □Yes Urine Pos 2 Path2 Path2: ☐Y ☐N \square U Path2: ☐Y ☐N \square U Path2: ☐Y \square N \Box U □No □ Resp Path3: Y N U Unk Path3: ☐Y ☐N ☐U Path3: \(\superstress{Y} \) \(\superstress{N} \) □U ∏Unk Path3 □Other □Blood Path1 □Neg Path1: ☐Y ☐N ☐U Path1: TY N U Path1: TY N U □Yes □Urine Path2: TY N Pos Ūυ Path2: Y N U Path2: TY \square N Ūυ □No 3 Path2 Resp Unk Path3: UY UN UU Path3: TY N Path3: ☐Y ☐N ☐U \Box U □Unk Path3 □Other Blood Path1 □Neg Path1: ☐Y ☐N □U Path1: \Begin{array}{c} Y \Bigcap N □U Path1: ☐Y ☐N Пυ □Yes Urine Path2____ Path2: TY N Īυ Path2: Y N U Path2: UY UN Īυ □No Pos Resp Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: TY N Ūυ □Unk Path3 □Unk □Other □Blood Path1_ □Neg □Yes Path1: ☐Y ☐N \square U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N Urine 5 Pos Path2 Path2: ☐Y ☐N Пυ Path2: ☐Y ☐N Пυ Path2: □Y \square N Пυ ΠNo Resp Unk ŪUnk Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: \[\]Y \[\]N □U Path3 Other Blood Path1_____ □Neg Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N \square U Path1: \Begin{array}{c} Y & \Boxed N \square U □Yes Urine Ūυ Πu Pos Path2 Path2: ☐Y ☐N Path2: ☐Y ☐N \square U Path2: ☐Y ☐N □No 6 Resp Path3: Y N U □Unk Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N Пυ □Unk Path3 □Other ∏Blood Path1 □Neg Path1: □Y □N □U Path1: □Y □N □U Path1: ☐Y ☐N ☐U □Yes Urine Path2: TY N ΠU Пυ Path2: TY Пυ ΠNo Pos Path2 Path2: ☐Y ☐N Resp □Unk Path3: TY N U Path3: UY UN UU Path3: UY UN UU □Unk Path3 Other Blood Path1 Neg Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N \Box U □Yes □Urine Path2 Path2: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path2:
\[Y \]
\[N Пυ □No 8 Pos □ Resp Unk Path3: ☐Y ☐N ☐U Path3: TY N DU Path3: TY N Ūυ Unk Path3 Other □Blood □Neg Path1 □Yes Path1: ☐Y ☐N Path1: ☐Y ☐N Path1: ☐Y ☐N □Urine 9 Pos Path2 Path2: ☐Y ☐N Path2: ☐Y ☐N Пυ Path2: TY \square N Пυ □No □Resp Path3: Y N U Path3: Y N U Path3: TY N Unk Пυ □Unk Path3 **□**Other □Blood Path1 □Neg Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N ☐U Path1: ☐Y ☐N Пυ □Yes Urine 10 □Pos Path2 Path2: ☐Y ☐N ☐U Path2: ☐Y ☐N \square U Path2: ☐Y ☐N \Box U □No □Resp ∏Unk Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U Path3: ☐Y ☐N □Unk Path3 Other

^{***}FORM IS COMPLETE***