ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION:

COMMUNITY ACQUIRED PNEUMONIA 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 record no.:** _____

Case identification and eligibility

A. Eligible ICD-9 codes recorded for this patient (check all that apply):

☐480.0 ☐480.1 ☐480.2 ☐480.3 ☐480.8 ☐480.9 ☐481 ☐482.0 ☐482.1 ☐482.2 ☐482.30
☐482.31 ☐482.32 ☐482.39 ☐482.40 ☐482.41 ☐482.49 ☐482.81 ☐482.82 ☐482.83 ☐482.84 ☐482.89
☐482.9 ☐483.0 ☐483.1 ☐483.2 ☐483.8 ☐485 ☐486 ☐487.0 ☐487.1 ☐487.8
☐None → *If "None," stop here. This patient is NOT eligible for inclusion.*

B. Present on Admission? ☐Yes ☐No ☐Unknown
If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.

C. Is there documentation in the medical record that ≥1 antibiotic was given for an indication of CAP?
☐Yes ☐No ☐Unknown
If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.

D. Age >=1 year? ☐Yes ☐No ☐Unknown
If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.

E. Is there documentation in the medical record of any of the following?
☐Nursing home or long term care facility residence prior to admission
☐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 is NOT eligible for inclusion.*

F. Based on A thru E 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 ☐Native Hawaiian/other Pacific Islander
☐Asian ☐White
☐Black or African American ☐Unknown

6. Ethnicity:
☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

8. Patient outcome at time of hospital discharge: ☐Survived ☐Died ☐Unknown

9. Where did the patient reside the day prior to this admission? ☐Private residence ☐Another acute care hospital
☐Homeless ☐Incarcerated ☐Other _____ ☐Unknown

Antimicrobial allergies

12. Is an antimicrobial drug allergy recorded in the medical record? ☐Yes ☐No ☐Unknown

12b. If yes, specify drug class or classes to which patient is allergic, and reaction(s):

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_____

13. Underlying conditions: check all that apply.

If none or no chart available, check appropriate box: ☐None or ☐Unknown

☐Alcoholism
☐Asplenia
☐Asthma
☐Cerebrovascular disease/stroke (except hemiplegia)
☐Chronic cognitive deficit
☐Chronic kidney disease
☐Chronic liver disease
☐Chronic obstructive pulmonary disease or emphysema
☐Chronic lung disease (other than COPD/emphysema)
☐Congenital heart disease
☐Congestive heart failure
☐Connective tissue disease
☐Dementia
☐Diabetes mellitus with complications
☐Diabetes mellitus without complications
☐Hemiplegia
☐HIV without AIDS
☐Leukemia
☐Lymphoma or multiple myeloma
☐Previous documented MRSA colonization or infection
☐Myocardial infarction
☐Peptic ulcer disease
☐Peripheral vascular disease
☐Pregnancy
☐Sickle cell disease
☐Smoking
☐Solid tumor malignancy, metastatic
☐Solid tumor malignancy, not metastatic
☐Vaccination, pneumococcal
☐Vaccination for influenza in past year
☐Vaccinations “up to date” (pediatric only)

Pneumonia signs and symptoms

14. CAP onset date (mm/dd/yy): ___ / ___ /___ or ☐Prior to hospitalization but specific date unknown

15. CAP signs and symptoms (check all that apply):

☐Fever
☐Chills or rigors
☐Cough
☐Dyspnea
☐Increased oxygen requirements
☐Sore throat
☐Increased secretions/sputum production
☐Hemoptysis
☐Chest pain
☐Mental status changes or functional decline
☐Apnea
☐Rhinorrhea
☐Grunting
☐Nasal flaring
☐Head bobbing
☐Chest wall retractions
☐Wheezing
☐Muscle aches
☐None documented

16. Did the patient require mechanical ventilation at any time during hospitalization? ☐Yes ☐No ☐Unknown

16b. If yes, was the patient extubated/removed from mechanical ventilation before discharge? ☐Yes ☐No ☐Unknown

17. Chest imaging: complete table below or check ☐None or ☐Unknown

If multiple chest imaging tests on a single date, make one entry for that date that summarizes any findings that are present among the multiple imaging tests. If

No.	Date	Findings on radiograph or CT scan			
1	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates	☐Air space density/opacity ☐No evidence of pneumonia	☐Consolidation ☐Cavitation	☐Pleural effusion ☐Cannot rule out pneumonia ☐None of these
2	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates	☐Air space density/opacity ☐No evidence of pneumonia	☐Consolidation ☐Cavitation	☐Pleural effusion ☐Cannot rule out pneumonia ☐None of these
3	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates	☐Air space density/opacity ☐No evidence of pneumonia	☐Consolidation ☐Cavitation	☐Pleural effusion ☐Cannot rule out pneumonia ☐None of these
4	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates	☐Air space density/opacity ☐No evidence of pneumonia	☐Consolidation ☐Cavitation	☐Pleural effusion ☐Cannot rule out pneumonia ☐None of these
5	___ / ___ / ___	☐Bronchopneumonia/pneumonia ☐New or worsening infiltrates	☐Air space density/opacity ☐No evidence of pneumonia	☐Consolidation ☐Cavitation	☐Pleural effusion ☐Cannot rule out pneumonia ☐None of these

18. Infections present during the hospitalization: complete table, or check ☐None or ☐Unknown

If more than 4, enter the first 4 that were present.

No.	Infection (code)	Onset date	Signs and symptoms documented in medical record (check all that apply)			Was infection treated with antimicrobials?
1		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
2		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
3		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown

Infection codes: BJI, BSI, CNS, CVI, ENT, GTI, HEB, IAB, LRI, Other (specify), PNEU, REP, SSI (specify site), SST, UND (includes empiric therapy), UTI

Severity of illness

19. Was the patient in an ICU at any time during the hospitalization? ☐Yes ☐No ☐Unknown

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	**Hospital admission:** ____ / ____ / ____	**Hospital day 3:** ____ / ____ / ____	**Discharge:** ____ / ____ / ____
Temperature:			
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 ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest heart rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Respiratory:			
Highest respiratory rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest arterial $PaCO_2$ recorded:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Mechanically ventilated:	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
White blood cells:			
Highest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Lowest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Highest %bands recorded:	____ % or ☐Unk	____ % or ☐Unk	____ % or ☐Unk
Blood pressure:			
Lowest systolic blood pressure:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Lowest mean arterial pressure:	____ mmHg or ☐Unk	____ 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*

21. Antimicrobial administration: complete the table for all antimicrobials administered during the hospitalization.

Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route	Indication	
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________

Discharge CAP prescribing

22. Was an antibiotic prescribed at discharge to treat CAP? ☐Yes ☐No ☐Unknown

22b. If yes, enter antibiotic #1 name: _________________ No. days prescribed: ________ or ☐Unknown

enter antibiotic #2 name: _________________ No. days prescribed: ________ or ☐Unknown

23. Microbiology data: record cultures or other microbiology tests collected 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 ☐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	☐Yes ☐No ☐Unk
2	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
3	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
4	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
5	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
6	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
7	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
8	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
9	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk
10	☐Blood ☐Sputum ☐ETA ☐BAL ☐Urine ☐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	☐Yes ☐No ☐Unk

*****FORM IS COMPLETE*****

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 record no.:** _____

Case identification and eligibility

A. Eligible ICD-9 codes recorded for this patient (check all that apply):
☐590.10 ☐590.11 ☐590.2 ☐590.3 ☐590.80 ☐590.81 ☐590.9 ☐595.0 ☐597.0 ☐597.80 ☐599.0
☐None → *If "None," stop here. This patient is NOT eligible for inclusion.*

B. Present on Admission? ☐Yes ☐No ☐Unknown
If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.

C. Is there documentation in the medical record that ≥1 antibiotic was given for an indication of UTI?
☐Yes ☐No ☐Unknown
If "No" or "Unknown," stop here. This patient is NOT eligible for inclusion.

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: ☐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 ☐Native Hawaiian/other Pacific Islander
☐Asian ☐White
☐Black or African American ☐Unknown

6. Ethnicity:
☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

8. Patient outcome at time of hospital discharge: ☐Survived ☐Died ☐Unknown

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
☐Other _____ ☐Unknown

10. In the 30 days prior to admission, did the patient receive:
☐IV antimicrobials ☐Cancer chemotherapy ☐Wound care ☐Dialysis ☐Surgery ☐None ☐Unknown

11. Was the patient hospitalized in an acute care hospital for >=2 days in the 90 days prior to this admission?
☐Yes ☐No ☐Unknown

Antimicrobial allergies

12. Is an antimicrobial drug allergy recorded in the medical record? ☐Yes ☐No ☐Unknown

12b. If yes, specify drug class or classes to which patient is allergic, and reaction(s):

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_____

13. Underlying conditions: check all that apply.

If none or no chart available, check appropriate box: ☐None or ☐Unknown

☐AIDS
☐Alcoholism
☐Asplenia
☐Asthma
☐Cerebrovascular disease/stroke (except hemiplegia)
☐Chronic cognitive deficit
☐Chronic kidney disease
☐Chronic liver disease
☐Chronic obstructive pulmonary disease or emphysema
☐Chronic lung disease (other than COPD/emphysema)
☐Chronic steroid or other immunosuppressive therapy
☐Congenital urinary tract abnormality (not VUR)
☐Congestive heart failure
☐Connective tissue disease
☐Congenital heart disease
☐Cystic fibrosis
☐Dementia
☐Diabetes mellitus with complications
☐Diabetes mellitus without complications
☐Hemiplegia
☐HIV without AIDS
☐Kidney stones/nephrolithiasis
☐Leukemia
☐Lymphoma or multiple myeloma
☐Myocardial infarction
☐Neutropenia (absolute neutrophil count <500 cells / µL)
☐Peptic ulcer disease
☐Peripheral vascular disease
☐Pregnancy
☐Recurrent cystitis or urinary tract infection
☐Renal stents
☐Sickle cell disease
☐Smoking
☐Solid tumor malignancy, metastatic (not urologic/renal)
☐Solid tumor malignancy, not metastatic (not urologic/renal)
☐Spinal cord injury or paraplegia or quadriplegia
☐Transplant, hematopoietic stem cell or bone marrow
☐Transplant, solid organ
☐Urostomy or nephrostomy
☐Urologic or renal malignancy
☐Vesicoureteral reflux (VUR)

Urinary tract infection signs and symptoms

14. Date of UTI onset (mm/dd/yy): ____ / ____ /____ or ☐Prior to hospitalization but specific date unknown

15. Signs and symptoms (check all that apply):

☐Fever
☐Nausea or vomiting
☐Urgency
☐Rigors
☐Frequency
☐Visible blood in urine
☐Abdominal pain
☐Urinary incontinence
☐Costovertebral angle (CVA) pain or tenderness
☐Suprapubic pain, swelling or tenderness
☐Mental status changes or functional decline
☐Pain or burning with urination
☐None documented

16. Indwelling urinary catheter in place at the time of or ≤2 calendar days prior to UTI symptom onset:

☐Yes ☐No ☐Unknown

16b. If yes, was it changed or removed after the diagnosis of UTI? ☐Yes ☐No ☐Unknown

17. Urinalysis: complete table below or check ☐None done or ☐Unknown if urinalysis done

No.	Urinalysis Date (mm/dd/yy)	Pyuria (>5 WBCs / hpf)	Positive nitrites	Positive leukocyte esterase	Positive bacteria	Positive yeast
1	___ / ___ / ___	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
2	___ / ___ / ___	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
3	___ / ___ / ___	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
4	___ / ___ / ___	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
5	___ / ___ / ___	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes

18. Infections present during the hospitalization: complete table, or check ☐None or ☐Unknown
If more than 4, enter the first 4 that were present.

No.	Infection (code)	Onset date	Signs and symptoms documented in medical record (check all that apply)			Was infection treated with antimicrobials?
1		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
2		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
3		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown

Infection codes: BJI, BSI, CNS, CVI, ENT, GTI, HEB, IAB, LRI, Other (specify), PNEU, REP, SSI (specify site), SST, UND (includes empiric therapy), UTI

Severity of illness

19. Was the patient in an ICU at any time during the hospitalization? ☐Yes ☐No ☐Unknown

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	**Admission:** ____ / ____ / ____	**Hospital day 3:** ____ / ____ / ____	**Discharge:** ____ / ____ / ____
Temperature:			
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 ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest heart rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Respiratory:			
Highest respiratory rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest arterial $PaCO_2$ recorded:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Mechanically ventilated:	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
White blood cells:			
Highest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Lowest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Highest %bands recorded:	____ % or ☐Unk	____ % or ☐Unk	____ % or ☐Unk
Blood pressure:			
Lowest systolic blood pressure:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Lowest mean arterial pressure:	____ mmHg or ☐Unk	____ 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*

21. Antimicrobial administration: complete the table for all antimicrobials administered during the hospitalization.

Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route	Indication	
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ______________ ☐Other: ____________________

Discharge UTI prescribing

22. Was an antibiotic prescribed at discharge to treat UTI? ☐Yes ☐No ☐Unknown

22b. If yes, enter antibiotic #1 name: __________________ No. days prescribed: ________ or ☐Unknown

enter antibiotic #2 name: __________________ No. days prescribed: ________ or ☐Unknown

23. Microbiology data: record cultures or other microbiology tests collected 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_____ ☐<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
2	☐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
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 ☐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
5	☐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
6	☐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
7	☐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
8	☐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
9	☐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
10	☐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

ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION:

INTRAVENOUS VANCOMYCIN 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 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: ____ / ____ /____

2. Discharge date: ____ / ____ /____ or ☐Unknown

3. Age: _____ ☐ or ☐Unknown

4. Sex: ☐M ☐F ☐Unknown

5. Race *(check all that apply)*:

☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian/other Pacific Islander
☐White
☐Unknown

6. Ethnicity:

☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

8. Patient outcome at time of hospital discharge: ☐Survived ☐Died ☐Unknown

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
☐Other _____ ☐Unknown

10. In the 30 days prior to admission, did the patient receive:

☐IV antimicrobials ☐Cancer chemotherapy ☐Wound care ☐Dialysis ☐Surgery ☐None ☐Unknown

11. Was the patient hospitalized in an acute care hospital for >=2 days in the 90 days prior to this admission?

☐Yes ☐No ☐Unknown

Antimicrobial allergies

12. Is an antimicrobial drug allergy recorded in the medical record? ☐Yes ☐No ☐Unknown

12b. If yes, specify drug class or classes to which patient is allergic, and reaction(s):

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_____

13. Underlying conditions: check all that apply.

If none or no chart available, check appropriate box: ☐None or ☐Unknown

☐AIDS
☐Alcoholism
☐Asplenia
☐Asthma
☐Cerebrovascular disease/stroke (except hemiplegia)
☐Chronic cognitive deficit
☐Chronic kidney disease
☐Chronic liver disease
☐Chronic obstructive pulmonary disease or emphysema
☐Chronic lung disease (other than COPD/emphysema)
☐Chronic steroid or other immunosuppressive therapy
☐Congenital heart disease
☐Congestive heart failure
☐Connective tissue disease
☐Cystic fibrosis
☐Dementia
☐Diabetes mellitus with complications
☐Diabetes mellitus without complications
☐Hemiplegia
☐HIV without AIDS
☐IVDU
☐Leukemia
☐Lymphoma or multiple myeloma
☐Previous documented MRSA colonization or infection
☐Myocardial infarction
☐Neutropenia (absolute neutrophil count <500 cells / µL)
☐Peptic ulcer disease
☐Peripheral vascular disease
☐Pregnancy
☐Sickle cell disease
☐Smoking
☐Solid tumor malignancy, metastatic
☐Solid tumor malignancy, not metastatic
☐Transplant, hematopoietic stem cell or bone marrow
☐Transplant, solid organ
☐Vaccination, pneumococcal
☐Vaccination for influenza in past year
☐Vaccinations “up to date” (pediatric only)

15. Infections present during the hospitalization: complete table, or check ☐None or ☐Unknown
If more than 4, enter the first 4 that were present.

No.	Infection (code)	Onset date	Signs and symptoms documented in medical record (check all that apply)			Was infection treated with IV vancomycin?
1		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
2		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
3		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
4		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown

Infection codes: BJI, BSI, CNS, CVI, ENT, GTI, HEB, IAB, LRI, Other (specify), PNEU, REP, SSI (specify site), SST, UND (includes empiric therapy), UTI

Severity of illness

16. Was the patient in an ICU at any time during the hospitalization? ☐Yes ☐No ☐Unknown

If **Yes**, enter the dates of the first ICU admission during the hospitalization:

ICU admission date: ____ / ____ /____ ICU discharge date: ____ / ____ /____

17. Complete the table below for the specified dates (*for all events regardless of response to Q.16):*

SIRS parameter category	Hospital admission: ____ / ____ / ____	First day of vancomycin: ____ / ____ / ____	Discharge: ____ / ____ / ____
Temperature:			
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 ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest heart rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Respiratory:			
Highest respiratory rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest arterial $PaCO_2$ recorded:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Mechanically ventilated:	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
White blood cells:			
Highest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Lowest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Highest %bands recorded:	____ % or ☐Unk	____ % or ☐Unk	____ % or ☐Unk
Blood pressure:			
Lowest systolic blood pressure:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Lowest mean arterial pressure:	____ mmHg or ☐Unk	____ 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*

18. Antimicrobial administration: complete the table for all antimicrobials administered during the hospitalization.

Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route	Indication	
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): _____________ ☐Other: ______________________

Discharge IV vancomycin prescribing

19. Was IV vancomycin prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?

☐Yes ☐No ☐Unknown

19b. If yes, enter the duration of the prescription in no. of days:______ ☐Unknown

20. Microbiology data during hospitalization: Record tests/cultures collected within 4 days before vancomycin start date through the vancomycin end date. Do NOT record screening nares cultures for MRSA in the table. 4 days before vancomycin start date: ___ / ___ / ___ Vancomycin end date: ___ / ___ / ___

20b. MRSA nares surveillance culture done during this admission? ☐Yes ☐No ☐Unknown *If yes, indicate result:* ☐Negative ☐Positive ☐Unknown

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: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
2	☐Blood ☐Urine ☐Resp ☐Other_____	___ / ___ / ___	___ / ___ / ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
3	☐Blood ☐Urine ☐Resp ☐Other_____	___ / ___ / ___	___ / ___ / ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
4	☐Blood ☐Urine ☐Resp ☐Other_____	___ / ___ / ___	___ / ___ / ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
6	☐Blood ☐Urine ☐Resp ☐Other_____	___ / ___ / ___	___ / ___ / ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
10	☐Blood ☐Urine ☐Resp ☐Other_____	____ / ____ / ____	____ / ____ / ____	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk

*****FORM IS COMPLETE*****

ANTIMICROBIAL PRESCRIBING QUALITY EVALUATION:

FLUOROQUINOLONE 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 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: ____ / ____ /____

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
☐Native Hawaiian/other Pacific Islander
☐White
☐Unknown

6. Ethnicity:

☐Hispanic or Latino
☐Not Hispanic or Latino
☐Unknown

8. Patient outcome at time of hospital discharge: ☐Survived ☐Died ☐Unknown

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
☐Other _____ ☐Unknown

10. In the 30 days prior to admission, did the patient receive:

☐IV antimicrobials ☐Cancer chemotherapy ☐Wound care ☐Dialysis ☐Surgery ☐None ☐Unknown

11. Was the patient hospitalized in an acute care hospital for >=2 days in the 90 days prior to this admission?

☐Yes ☐No ☐Unknown

Antimicrobial allergies

12. Is an antimicrobial drug allergy recorded in the medical record? ☐Yes ☐No ☐Unknown

12b. If yes, specify drug class or classes to which patient is allergic, and reaction(s):

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_____

13. Underlying conditions: check all that apply.

If none or no chart available, check appropriate box: ☐None or ☐Unknown

☐AIDS
☐Alcoholism
☐Asplenia
☐Asthma
☐Cerebrovascular disease/stroke (except hemiplegia)
☐Chronic cognitive deficit
☐Chronic kidney disease
☐Chronic liver disease
☐Chronic obstructive pulmonary disease or emphysema
☐Chronic lung disease (other than COPD/emphysema)
☐Chronic steroid or other immunosuppressive therapy
☐Congenital heart disease
☐Congestive heart failure
☐Connective tissue disease
☐Cystic fibrosis
☐Dementia
☐Diabetes mellitus with complications
☐Diabetes mellitus without complications
☐Hemiplegia
☐HIV without AIDS
☐IVDU
☐Leukemia
☐Lymphoma or multiple myeloma
☐Previous documented MRSA colonization or infection
☐Myocardial infarction
☐Neutropenia (absolute neutrophil count <500 cells / µL)
☐Peptic ulcer disease
☐Peripheral vascular disease
☐Pregnancy
☐Sickle cell disease
☐Smoking
☐Solid tumor malignancy, metastatic
☐Solid tumor malignancy, not metastatic
☐Transplant, hematopoietic stem cell or bone marrow
☐Transplant, solid organ
☐Vaccination, pneumococcal
☐Vaccination for influenza in past year
☐Vaccinations “up to date” (pediatric only)

15. Infections present during the hospitalization: complete table, or check ☐None or ☐Unknown
If more than 4, enter the first 4 that were present.

No.	Infection (code)	Onset date	Signs and symptoms documented in medical record (check all that apply)			Was infection treated with fluoro-quinolones?
1		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
2		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
3		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown
4		☐Before hospitalization ☐Hospital days 1-2 ☐On/after hospital day 3 ☐Unknown	☐Cough or dyspnea ☐Diarrhea ☐Fever ☐Hypotension ☐Mental status change	☐Nausea or vomiting ☐None of these ☐Other_____ ☐Pain at infection site ☐Positive imaging	☐Pus, drainage, abscess ☐Redness or swelling ☐Urinary frequency ☐Urinary urgency ☐Unknown	☐Yes ☐No ☐Unknown

Infection codes: BJI, BSI, CNS, CVI, ENT, GTI, HEB, IAB, LRI, Other (specify), PNEU, REP, SSI (specify site), SST, UND (includes empiric therapy), UTI

Severity of illness

16. Was the patient in an ICU at any time during the hospitalization? ☐Yes ☐No ☐Unknown

If **Yes**, enter the dates of the first ICU admission during the hospitalization:
ICU admission date: ____ / ____ /____ ICU discharge date: ____ / ____ /____

17. Complete the table below for the specified dates (*for all events regardless of response to Q.16):*

SIRS parameter category	Hospital admission: ____ / ____ / ____	First day of vancomycin: ____ / ____ / ____	Discharge: ____ / ____ / ____
Temperature:			
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 ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest heart rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Respiratory:			
Highest respiratory rate recorded:	____ bpm or ☐Unk	____ bpm or ☐Unk	____ bpm or ☐Unk
Lowest arterial $PaCO_2$ recorded:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Mechanically ventilated:	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown	☐Yes ☐No ☐Unknown
White blood cells:			
Highest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Lowest WBC count recorded:	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk	_____ cells/mm^3 or ☐Unk
Highest %bands recorded:	____ % or ☐Unk	____ % or ☐Unk	____ % or ☐Unk
Blood pressure:			
Lowest systolic blood pressure:	____ mmHg or ☐Unk	____ mmHg or ☐Unk	____ mmHg or ☐Unk
Lowest mean arterial pressure:	____ mmHg or ☐Unk	____ 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*

18. Antimicrobial administration: complete the table for all antimicrobials administered during the hospitalization.

Drug name	Start date (mm/dd/yy) and route	End date (mm/dd/yy) and route	Indication	
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________
	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	____ / ____ / ____ ☐IV ☐Oral/enteral ☐IM ☐Inhaled	☐MedProph ☐Treatment → ☐SurProph ☐Unknown ☐NonInfect	**If treatment**: ☐BJI ☐BSI ☐CNS ☐CVI ☐ENT ☐GTI ☐HEB ☐IAB ☐LRI ☐PNEU ☐REP ☐SST ☐UND ☐UTI ☐SSI (site): ____________ ☐Other: ____________________

Discharge fluoroquinolone prescribing

19. Was a fluoroquinolone prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?

☐Yes--ciprofloxacin ☐Yes—levofloxacin ☐Yes--moxifloxacin ☐No ☐Unknown

19b. If yes, what was the route of administration? ☐IV ☐Oral/enteral ☐Unknown

19c. If yes, enter the duration of the prescription in no. of days:______ ☐Unknown

20. Microbiology data during hospitalization: Record tests/cultures collected within 4 days before fluoroquinolone start date through the end date.
4 days before fluoroquinolone start date: ___ / ___ / ___ Fluoroquinolone 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 ciprofloxacin?	Pathogen susceptible to levofloxacin?	Pathogen susceptible to moxifloxacin?	Are all pathogens susceptible (S) to ≥1 antimicrobial the patient was getting THE DAY AFTER THE TEST RESULT WAS FINAL?
1	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
2	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
3	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
4	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
6	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐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	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk
10	☐Blood ☐Urine ☐Resp ☐Other _____	____/ ___/ ___	____/ ___/ ___	☐Neg ☐Pos ☐Unk	Path1_____ Path2_____ Path3_____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐Y ☐N ☐U	☐Yes ☐No ☐Unk

*****FORM IS COMPLETE*****