

Pneumonia (PNEU)

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*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: PNEU	*Date of Event:
Post-procedure PNEU: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO Infection Surveillance:	
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility:	*Location:
Risk Factors	
*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____ For NICU only: Birth weight: _____ grams	
Event Details	
*Specific Event: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 *Immunocompromised: Yes No *Specific Criteria Used: (check all that apply)	
<u>Imaging Test Results</u>	
<input type="checkbox"/> New or progressive and persistent infiltrate <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatoceles (in ≤1 y.o.)	
<u>Signs & Symptoms</u>	
<input type="checkbox"/> Fever <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Leukopenia or leukocytosis <input type="checkbox"/> Positive pleural fluid culture <input type="checkbox"/> Altered mental status (in ≥70 y.o.) <input type="checkbox"/> Positive quantitative culture from LRT specimen <input type="checkbox"/> New onset/change in sputum <input type="checkbox"/> ≥5% BAL cells w/ bacteria <input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea <input type="checkbox"/> Positive quantitative culture of lung tissue <input type="checkbox"/> Rales or bronchial breath sounds [†] <input type="checkbox"/> Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae <input type="checkbox"/> Worsening gas exchange <input type="checkbox"/> Positive culture of virus, <i>Bordetella</i> , <i>Legionella</i> or <i>Chlamydia</i> <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Positive non-culture diagnostic test of respiratory secretions or tissue for virus, <i>Bordetella</i> , <i>Chlamydia</i> , <i>Mycoplasma</i> , <i>Legionella</i> <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> 4-fold rise in paired sera for pathogen <input type="checkbox"/> Temperature instability <input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> antibody titer <input type="checkbox"/> Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting <input type="checkbox"/> <i>L pneumophila</i> serogroup 1 antigens in urine <input type="checkbox"/> Hypothermia <input type="checkbox"/> Matching positive blood & sputum cultures w/ <i>Candida</i> spp. <input type="checkbox"/> Wheezing, rales, or rhonchi [†] <input type="checkbox"/> Fungi from LRT specimen <input type="checkbox"/> Cough <input type="checkbox"/> Bradycardia or tachycardia	
[†] There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).	
*Secondary Bloodstream Infection: Yes No	
**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>	
<small>Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small>	
CDC 57.111 (Front) Rev 7, v8.3	

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>		DAPTO SNSN	GENTHL^s SRN	LNZ SIRN	VANC SIRN			
_____	_____ <i>Enterococcus faecalis</i>								
_____	_____ <i>Enterococcus</i> spp. (Only those not identified to the species level)								
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN
			OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN	
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> (specify species)		AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN
_____	_____		GENT SIRN	IMI SIRN	MERO/DORI SIRN		PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____	_____		TMZ SIRN	TOBRA SIRN					
_____	<i>Escherichia coli</i>		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN
_____	_____		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN		
_____	_____		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____	_____		TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	<i>Enterobacter</i> (specify species)		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN
_____	_____		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN		
_____	_____		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____	_____		TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	_____ <i>Klebsiella pneumonia</i>		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN
_____	_____ <i>Klebsiella oxytoca</i>		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CTET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN		
_____	_____		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
_____	_____		TIG SIRN	TMZ SIRN	TOBRA SIRN				

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Pathogen #	Gram-negative Organisms (<i>continued</i>)									
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	GENT S I R N		
_____		IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TOBRA S I R N					
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available) _____	ANID S I R N	CASPO S N S N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S N S N	VORI S S-DD R N		
Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

[§] **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

[†] **Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:

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

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Custom Fields

Label

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Comments