

## HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL USE FORM

CDC ID: -

Survey date: //

Date form completed: //

Initials: \_\_\_\_\_

- 1) Check here  if no antimicrobials were administered on the survey date or the calendar day prior to the survey date. If no antimicrobials were administered, data collection is complete, and the no. of HAIs=0.
- 2) Enter the first date during the hospitalization on which an antimicrobial drug was administered to the patient: \_\_\_/\_\_\_/\_\_\_ or Unknown.
- 3) Complete the Antimicrobial Drug Table below for all antimicrobial drugs given on the survey date or the calendar day prior to the survey date. One record should be entered for each drug/route combination (e.g., separate entries for vancomycin IV and vancomycin po). This is AUF # \_\_\_ out of a total of \_\_\_ AUFs for this patient.

Drug no.	Drug name	Route	Given on:	Rationale (check all that apply)	First date (mm/dd/yy)	If Rationale=SP only: SP duration (hrs)	Total dose, survey date (optional)	Total dose, day prior to survey date (optional)
1		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
2		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
3		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
4		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
5		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
6		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
7		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
8		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
9		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
10		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
11		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)
12		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc:_____)	___/___/___	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24h but ≤48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)	<input type="checkbox"/> g <input type="checkbox"/> mg _____ <input type="checkbox"/> other (____)

**Abbreviation key:** IV=Intravenous, IM=Intramuscular, PO=Oral/enteral, INH=Inhaled, g=grams, mg=milligrams, other=other unit (specify), MP=Medical prophylaxis, NI=Non-infectious, SP=Surgical prophylaxis, TAI=Treatment of active infection, None=None documented. Proc=Operative procedure code for which SP was given.

CDC ID: -

4) Check here  if no drug/route combinations were given for Rationale = TAI (with or without other Rationales), and go to question #5. Otherwise, complete the Treatment Table for all drugs in the Antimicrobial Drug Table (page 1) for which the Rationale = TAI (with or without other Rationales). Enter the drug no. and name from the Antimicrobial Drug Table. Enter up to 5 clinician-defined therapeutic site codes. Check the "SSI" box if the infection at the site indicated is a surgical site infection. Check the infection onset location for each site (multiple onset locations may be checked for each site). If there is only 1 therapeutic site, check the "NA" box for therapeutic sites #2-#5.

Treatment Table

Drug no.	Drug name	Therap. site #1		Therap. site #2, or <input type="checkbox"/> NA		Therap. site #3, or <input type="checkbox"/> NA		Therap. site #4, or <input type="checkbox"/> NA		Therap. site #5, or <input type="checkbox"/> NA	
		Code	Onset	Code	Onset	Code	Onset	Code	Onset	Code	Onset
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L
		Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L	Code: _____ SSI? <input type="checkbox"/> Yes	<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> L

**Clinician-defined therapeutic site codes:** BJI=Bone and joint infection; BSI=Bloodstream infection; CDI=Clostridium difficile infection; CNS=Central nervous system infection; CVI=Cardiovascular infection other than BSI; DIS=Disseminated, systemic viral infection; ENT=Ears, eyes, nose, throat, mouth (includes upper respiratory) infection; GTI=Gastrointestinal tract infection other than CDI, HEB, or IAB; HEB=Hepatobiliary infection (including pancreas); IAB=Intraabdominal infection other than CDI, GTI or HEB; LRI=Lower respiratory infection other than PNE; PNE=Pneumonia; REP=Reproductive tract infection; SST=Skin, soft tissue or muscle infection; UND=Undetermined infection; UNK=Unknown infection site, UTI=Urinary tract infection. SSI=Surgical site infection; check box if infection at site indicated is an SSI. **Infection onset locations:** C=Community; H=Survey hospital; L=long term care/skilled nursing facility; O=Other healthcare facility; U=Unknown onset location.

5) Using information from the tables on pages 1 and 2, check all scenarios below that apply to this patient, and follow the form completion instructions:

- Vancomycin IV for TAI (with or without other Rationales)
- Levofloxacin, ciprofloxacin or moxifloxacin for TAI (with or without other Rationales)
- Any drug for TAI (with or without other Rationales) with site code "PNE" with Onset "C"
- Any drug for TAI (with or without other Rationales) with site code "UTI" with Onset "C," "L" or "O"

Complete Antimicrobial Quality Assessment (AQUA) Eligibility Form to determine whether additional AQUA forms are needed, and complete HAI Form.

- None of the above, but Rationales are TAI or None (with or without other Rationales) for any antimicrobial drug → Complete HAI Form.
- None of the above; Rationales are MP, SP, NI only for all antimicrobial drugs → Do not complete AQUA forms or HAI Form. Data collection is complete; no. of HAIs = 0.

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

## HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

 CDC ID: -

 Survey date: //

 Date form completed: //

Data collector initials: \_\_\_\_\_

Complete the tables below for the HAI(s) present at the time of the survey. For SSI, PNEU, UTI, BSI and GI, indicate whether 2011 and/or current definitions are met. Enter the TOTAL no. of HAIs for this patient using 2011 definitions \_\_\_\_\_; using current definitions \_\_\_\_\_. If no HAIs, check here:  None.

HAI	2011 HAI Definitions				Current HAI Definitions			
	Specific site and infection data	Rx start date	Pathogens	LocAtt	Specific site and infection data	Rx start date	Pathogens	LocAtt
<input type="checkbox"/> SSI	Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____ Proc: _____ Proc date: _____/_____/_____ Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	NA	Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____ Proc: _____ Proc date: _____/_____/_____ Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk <b>PATOS?</b> <input type="checkbox"/> Yes	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	NA
<input type="checkbox"/> PNEU	Check one: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 Ventilator-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		Check one: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 Ventilator-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> UTI	Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI <input type="checkbox"/> OUTI Catheter-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI <input type="checkbox"/> USI Catheter-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> BSI	Check one: <input type="checkbox"/> LCBI Central line-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		Check one: <input type="checkbox"/> LCBI <input type="checkbox"/> MBI-LCBI Central line-associated? <input type="checkbox"/> No <input type="checkbox"/> Yes Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> GI	Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> HEP <input type="checkbox"/> IAB <input type="checkbox"/> NEC Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> HEP <input type="checkbox"/> IAB <input type="checkbox"/> NEC Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> VAE	<i>not applicable</i>				Check one: <input type="checkbox"/> VAC <input type="checkbox"/> IVAC <input type="checkbox"/> PVAP Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> _____*	Enter code: _____* Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		<i>not applicable</i>			

If the patient had MORE THAN ONE SSI, GI, or other HAI at the time of the survey, enter in the table below or check  Not applicable.

HAI	2011 HAI Definitions				Current HAI Definitions			
	Specific site definition	Rx start date	Pathogens	LocAtt	Specific site definition	Rx start date	Pathogens	LocAtt
<input type="checkbox"/> SSI	Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____ Proc: _____ Proc date: _____/_____/_____ Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	NA	Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____ Proc: _____ Proc date: _____/_____/_____ Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk <b>PATOS?</b> <input type="checkbox"/> Yes	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	NA
<input type="checkbox"/> GI	Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> HEP <input type="checkbox"/> IAB <input type="checkbox"/> NEC Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> HEP <input type="checkbox"/> IAB <input type="checkbox"/> NEC Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	
<input type="checkbox"/> _____*	Enter code: _____* Onset date: _____/_____/_____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk 2° BSI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	_____/_____/_____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None		<i>not applicable</i>			

\*Other HAI types and specific sites: BJ (BONE, JNT, DISC); CNS (IC, MEN, SA); CVS (VASC, ENDO, CARD, MED); EENT (CONJ, EYE, EAR, ORAL, SINU, UR); LRI (BRON, LUNG); REPR (EMET, EPIS, VCUF, OREP); SST (SKIN, ST, DECU, BURN, BRST, UMB, PUST, CIRC); SYS (DI). Proc=Operative procedure category code. Proc date=Operative procedure date. 2° BSI =Secondary BSI. Rx date=Antimicrobial treatment start date. NA=Not applicable. PATOS=Infection present at time of surgery. BH=Before hospital admission. Unk=Unknown. No rx=No treatment. LocAtt=location of attribution.

CDCID: -

- 1) Complete the Antimicrobial Susceptibility Table below if one or more of the specified organisms is reported as a pathogen for one or more of the HAIs entered on page 1 of this form.
- 2) Enter each of the patient's HAI codes (e.g., BSI, PNEU, UTI-2, etc.) in the top row of the table in the space(s) indicated.
- 3) Check the box next to any of the organisms below reported as a pathogen for one or more of the patient's HAIs. Antimicrobial susceptibility test results can be entered for each organism for up to 4 different HAIs.
- 4) Circle the appropriate test result for each pathogen/drug combination in the column for the HAI for which the organism was a reported pathogen (S=sensitive/susceptible, S-DD=susceptible dose-dependent, I=intermediate, R=resistant, NS=non-susceptible, N=not tested).

Antimicrobial Susceptibility Table: If NONE of the organisms below are pathogens for any of the patient's HAIs, check here:

Organism	HAI #1: _____		HAI #2: _____, or <input type="checkbox"/> NA		HAI #3: _____, or <input type="checkbox"/> NA		HAI #4: _____, or <input type="checkbox"/> NA	
<input type="checkbox"/> <i>Acinetobacter</i> (any species)	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N
<input type="checkbox"/> <i>Candida albicans</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>Candida glabrata</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>Candida parapsilosis</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>Enterococcus faecalis</i>	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N
<input type="checkbox"/> <i>Enterococcus faecium</i>	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N
<input type="checkbox"/> <i>Enterobacter aerogenes</i>	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Enterobacter cloacae</i>	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N
<input type="checkbox"/> <i>E. coli</i>	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Klebsiella oxytoca</i>	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Klebsiella pneumoniae</i>	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N	MERO/DORI ERTA IMI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N
<input type="checkbox"/> <i>Staphylococcus aureus</i>	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N

Drug codes: AMPSUL=ampicillin/sulbactam, ANID=anidulafungin, CASPO=caspofungin, CEFOX/OX/METH=cefoxitin, oxacillin or methicillin, CEFTAZ=ceftazidime, COL/PB=colistin or polymyxin B, DAPTO=daptomycin, ERTA=ertapenem, FLUCO=fluconazole, GENT=gentamicin, IMI=imipenem, LNZ=linezolid, MERO/DORI=meropenem or doripenem, MICA=micafungin, PIP/PIPTAZ=piperacillin or piperacillin/tazobactam, TIG=tigecycline, TOBRA=tobramycin, VANC=vancomycin