

Adult Sepsis

Page 1 of 4

*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: Adult Sepsis		*Date of Event:	
Post-procedure: Yes No		Date of Procedure:	
NHSN Procedure Code:		ICD-10-PCS or CPT 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:	
Event Details			
Must meet both Part A and B			
*Part A: Suspected Infection			
<input type="checkbox"/> Organism identified by culture or non-culture laboratory diagnostic test		AND	<input type="checkbox"/> ≥ 4 Qualifying Antimicrobial Days starting within ± 2 calendar days of the collection date for the organism identification culture or non-culture laboratory diagnostic test
AND			
*Part B: Organ Dysfunction			
<i>(Any one of the following within ± 2 calendar days of date when organism identification test was collected – check all that apply)</i>			
<input type="checkbox"/> Initiation of a new vasopressor		<input type="checkbox"/> Acute renal failure	
<input type="checkbox"/> Initiation of invasive mechanical ventilation		<input type="checkbox"/> Hyperbilirubinemia	
<input type="checkbox"/> Serum lactate ≥ 2 mg/dL		<input type="checkbox"/> Thrombocytopenia	
**If discharged from facility, physical location of patient after leaving facility (Check one):			
<input type="checkbox"/> Nursing home/skilled nursing facility *if yes, see following question <input type="checkbox"/> Personal residence/Residential care *if yes, see following question <input type="checkbox"/> Other short term general hospital for inpatient care <input type="checkbox"/> Long term acute care hospital <input type="checkbox"/> Hospice inpatient medical facility <input type="checkbox"/> Other facility not specified above <input type="checkbox"/> Unknown			
**If discharged from the facility to either nursing home/skilled nursing facility or personal residence/residential care, were hospice services arranged for the post-discharge period?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
**Died: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sepsis Contributed to Death: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discharge Date: _____		*Pathogens Identified: <input type="checkbox"/> Yes* <input type="checkbox"/> 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)). Public reporting burden of this collection of information is estimated to average 25 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). CDC 57.129 (Front), Rev 0</small>			



Form Approved
OMB No. 0920-xxxx
Exp. Date: XX/XX/20XX
www.cdc.gov/nhsn

Adult Sepsis

Page 2 of 4

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/CETET 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/CETET 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 pneumoniae</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/CETET 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						

Adult Sepsis

Page 3 of 4

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

Result Codes

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

^s 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	CETET= 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= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

Adult Sepsis

Page 4 of 4

Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
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_____	_____	_____	_____

Comments