Undetermined cause of Serratia marcescens infections - Multiple States, 2018

Record ID

_____
(NOTE: This is autogenerated by REDCap and does not need to be completed on paper forms.)

Form Approved
OMB Control No. 0920-XXXX
Exp. date: XX/XX/XXXX

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]

CDC epi ID

_____
(CDC will complete)

CDC lab ID number

_____
(CDC will complete)

State epi ID

_____
(Please ensure this ID matches any previously communicated information on this patient.)

State lab ID number

_____
(Please ensure this ID matches any previously communicated information on this patient.)

Data chart abstraction completed

_____

Case type

◯ Confirmed
◯ Probable

Specimen date

_____
(Date the (+) culture was drawn. If multiple (+) cultures, include only the first one that matches an outbreak strain by PFGE.)

Specimen type

☐ Blood
☐ Urine
☐ Sputum
☐ Stool
☐ Tracheal aspirate
☐ Other (specify)
(If more than one specimen type, check the one(s) corresponding to the PFGE results below.)

Specify other specimen type

_____

Result

_____
(Pathogen identified - may list more than one pathogen. If multiple specimen types reported above, please specify which types were (+) for which pathogen(s).)

PFGE

_____
(PFGE pattern designated by the lab)

State

- ◯ AL
- ◯ AK
- ◯ AZ
- ◯ AR
- ◯ CA
- ◯ CO
- ◯ CT
- ◯ DE
- ◯ DC
- ◯ FL
- ◯ GA
- ◯ HI
- ◯ ID
- ◯ IL
- ◯ IN
- ◯ IA
- ◯ KS
- ◯ KY
- ◯ LA
- ◯ ME
- ◯ MD
- ◯ MA
- ◯ MI
- ◯ MN
- ◯ MS
- ◯ MO
- ◯ MT
- ◯ NE
- ◯ NV
- ◯ NH
- ◯ NJ
- ◯ NM
- ◯ NY
- ◯ NC
- ◯ ND
- ◯ OH
- ◯ OK
- ◯ OR
- ◯ PA
- ◯ PR
- ◯ RI
- ◯ SC
- ◯ SD
- ◯ TN
- ◯ TX
- ◯ UT
- ◯ VT
- ◯ VA
- ◯ WA
- ◯ WV
- ◯ WI
- ◯ WY

Facility ID (primary facility where patient was receiving care prior to bacteremia diagnoses)

_____
(Unique ID assigned by state (CDC does not collect facility names))

Facility unit type
◯ Acute care facility for pediatric patients
◯ Acute care facility for adult patients
◯ Acute care facility for both pediatric and adult patients
◯ Outpatient only (including home health, outpatient clinic, or infusion center)
◯ Other (specify)

Specify other facility type or outpatient setting
_____
((e.g., infusion center))

Facility location
_____
(Location in facility where patient located when culture drawn (e.g., ER, floor, NICU, PICU, etc.))

Prior to the bacteremia diagnosis did the patient receive infusions or line care at an additional facility?
◯ Yes
◯ No

Facility ID number of second facility
_____

Facility unit type
◯ Acute care facility for pediatric patients
◯ Acute care facility for adult patients
◯ Acute care facility for both pediatric and adult patients
◯ Outpatient only (including home health, outpatient clinic, or infusion center)
◯ Other (specify)

Specify other facility type or outpatient setting
_____
((e.g., infusion center))

Age (years)
_____
(Patient age at date of positive culture)

Sex
◯ Male
◯ Female
◯ Other

Primary diagnosis (non-Serratia)
_____
(Patient's primary diagnosis prior to becoming infected with Serratia)

Other diagnoses
_____
(Other medical/surgical diagnoses)

Immunocompromised?
◯ Yes
◯ No
(e.g. was the patient on chemotherapy or high dose steroids, was there a diagnosis of an immune disorder such as HIV/AIDS)

What was the patient's outcome?
◯ Died
◯ Still hospitalized
◯ Discharged alive

CVC
◯ Yes
◯ No
(Was a central venous catheter present within 2 days of (+) culture being drawn)

CVC insertion/change date
_____
(Most recent line insertion/change prior to symptom onset/(+) culture, whichever was first)

CVC type

- ☐ Tunneled central line
- ☐ Non-tunneled central line
- ☐ Implanted port
- ☐ PICC
- ☐ Midline
- ☐ Umbilical
- ☐ Other
- ☐ Unknown

Specify other CVC type _____

Report any other indwelling vascular access in additional to the central line. _____

POA/inpatient

- ◯ Present on admission
- ◯ Inpatient

(Was the bacteremia present on admission or did the patient develop this while an inpatient?)

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]

This section asks about specific BD SALINE products. If additional saline products were administered, please add them in the next section.

	Administered to patient < 48 hours prior to (+) culture	Administered to patient 48 hours - 7 days prior to (+) culture	Unable to determine if administered to patient	Product administered inside facility	Product administered outside facility	Product available on the patient unit prior to (+) culture	Product available in the facility prior to (+) culture	Product currently in stock at time of public health investigation	Product administered by hand	Product administered by pump
(A) BD™ Pre-Filled Normal Saline Syringe Volume 10mL; Diameter 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(B) BD™ Pre-Filled Normal Saline Syringe Volume 5mL; Diameter 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(C) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(D) BD™ Pre-Filled Normal Saline Syringe Volume: 5mL; Diameter 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(E) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(F) BD™ Pre-Filled Normal Saline Syringe Volume: 3mL; Diameter 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(G) BD™ Pre-Filled Normal Saline Syringe Volume: 2mL; Diameter 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(H) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 10mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(I) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 5mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(J) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 5mL; Diameter: 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(K) BD™ Pre-Filled Normal Saline Syringe with Blunt Plastic Cannula Volume: 3mL; Diameter: 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Catalog (REF) number

_____
(If multiple products checked above, specify which catalog number corresponds to which formulation, e.g.,Catalog (REF) number, A = 306507, B = 306508; Lot number, A = 705311B, B = 706211B, etc.)

Lot number

_____
(If multiple products checked above, specify which lot number corresponds to which formulation, e.g., A = 762323; B = 921412; etc.)

Were additional saline products administered within 7 days of the (+) culture? If so, enter the information below (for up to 3 additional saline products).

Saline flush name

_____
(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

☐ < 48 hours prior to (+) culture
☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

◯ Inside facility
◯ Outside facility
◯ Both

Was this product administered by hand or using a pump?

◯ By hand
◯ Pump
◯ Other (specify)

Specify how saline product was administered.

_____

Saline flush concentration

_____
(e.g., 0.9%)

Saline syringe size

_____
(e.g., 10ml)

Saline volume in the syringe

_____
(e.g., 5ml (this would be the total volume of liquid product in syringe))

Provide catalog (REF) number:

_____

Saline flush lot #

_____
(Lot # if known)

Does this lot # correspond what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- ◯ Administered to patient
- ◯ Available on the patient unit within the 48 hours prior to symptom onset
- ◯ Available in the facility within 48 hours prior to symptom onset
- ◯ Currently in stock at the time of public health investigation

(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Saline flush name 2

_____

(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

- ☐ < 48 hours prior to (+) culture
- ☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

- ◯ Inside facility
- ◯ Outside facility
- ◯ Both

Was this product administered by hand or using a pump?

- ◯ By hand
- ◯ Pump
- ◯ Other (specify)

Specify how saline was administered.

_____

Saline flush concentration 2

_____

(e.g., 0.9%)

Saline syringe size 2

_____

(e.g., 10ml)

Saline volume in the syringe 2

_____

(e.g., 5ml (this would be the total volume of liquid product in syringe))

Provide catalog (REF) number:

_____

Saline flush lot # 2

_____

(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

- ◯ Administered to patient
- ◯ Available on the patient unit within the 48 hours prior to symptom onset
- ◯ Available in the facility within 48 hours prior to symptom onset
- ◯ Currently in stock at the time of public health investigation

(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Saline flush name 3

_____
(Name of saline flush product used on this patient to include manufacturer, sterile field or non-sterile field)

When was this product used?

☐ < 48 hours prior to (+) culture
☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

◯ Inside facility
◯ Outside facility
◯ Both

Was this product administered by hand or using a pump?

◯ By hand
◯ Pump
◯ Other (specify)

Specify how saline was administered.

_____

Saline flush concentration 3

_____
(e.g., 0.9%)

Saline syringe size 3

_____
(e.g., 10ml)

Saline volume in the syringe 3

_____
(e.g., 5ml (this would be the total volume of liquid product in syringe))

Provide catalog (REF) number:

_____

Saline flush lot # 3

_____
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

◯ Administered to patient
◯ Available on the patient unit within the 48 hours prior to symptom onset
◯ Available in the facility within 48 hours prior to symptom onset
◯ Currently in stock at the time of public health investigation

(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

For information on locating lot/catalog numbers for BD products, please click the PDF below. (If using PDF chart abstraction form, flip to last page.)

[Attachment: "lotnumbers.pdf"]

This section asks about specific BD HEPARIN products. If additional heparin products were administered, please add them in the next section.

	Administered to patient < 48 hours prior to (+) culture	Administered to patient 48 hours - 7 days prior to (+) culture	Unable to determine if administered to patient	Product administered inside facility	Product administered outside facility	Product available on the patient unit prior to (+) culture	Product available in the facility prior to (+) culture	Product currently in stock at time of public health investigation	Product administered by hand	Product administered by pump
(A) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 6mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(B) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 5mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(C) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 3mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(D) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 5mL; Diameter: 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(E) BD PosiFlush™ Heparin Lock Flush Syringe 10units/mL Volume: 3mL; Diameter: 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(F) BD PosiFlush™ Heparin Lock Flush Syringe with Blunt Plastic Cannula 10 units/mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(G) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 5mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(H) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 10mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(I) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 5mL; Diameter: 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(J) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 5mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(K) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 3mL; Diameter: 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(L) BD PosiFlush™ Heparin Lock Flush Syringe 100 units/mL Volume: 2mL; Diameter: 3mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(M) BD PosiFlush™ Heparin Lock Flush Syringe with Blunt Plastic Cannula 100 units/mL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Catalog (REF) number

_____
(If multiple products checked above, specify which catalog number corresponds to which formulation, e.g., Catalog (REF) number, A = 306507, B = 306508; Lot number, A = 705311B, B = 706211B, etc.)

Lot number

_____
(If multiple products checked above, specify which lot number corresponds to which formulation, e.g., A = 762323; B = 921412; etc.)

Were additional heparin products administered within 7 days of (+) culture? If so, enter the information below (for up to 3 additional heparin products).

Heparin flush name

_____
(name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

☐ < 48 hours prior to (+) culture
☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

◯ Inside facility
◯ Outside facility
◯ Both

Was this product administered by hand or using a pump?

◯ By hand
◯ Pump
◯ Other (specify)

Specify how heparin was administered.

_____

Heparin concentration

_____
(typically given in units/ml such as 10u/ml or 100u/ml)

Heparin syringe size

_____
(e.g., 10ml)

Heparin volume in syringe

_____
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number:

_____

Heparin flush lot #

_____
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

◯ Administered to patient
◯ Available on the patient unit within the 48 hours prior to symptom onset
◯ Available in the facility within 48 hours prior to symptom onset
◯ Currently in stock at the time of public health investigation
(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Heparin flush name 2

_____
(name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

☐ < 48 hours prior to (+) culture
☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

◯ Inside facility
◯ Outside facility
◯ Both

Was this product administered by hand or using a pump?

◯ By hand
◯ Pump
◯ Other (specify)

Specify how heparin was administered.

_____

Heparin concentration 2

_____
(typically given in units/ml such as 10u/ml or 100u/ml)

Heparin syringe size 2

_____
(e.g., 10ml)

Heparin volume in syringe 2

_____
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number:

_____

Heparin flush lot # 2

_____
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

◯ Administered to patient
◯ Available on the patient unit within the 48 hours prior to symptom onset
◯ Available in the facility within 48 hours prior to symptom onset
◯ Currently in stock at the time of public health investigation
(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Heparin flush name 3

_____
(name and of the heparin product to include manufacturer, sterile field or not, etc.)

When was this product used?

☐ < 48 hours prior to (+) culture
☐ 48 hours - 7 days prior to (+) culture

Was this product administered inside the facility or outside the facility?

◯ Inside facility
◯ Outside facility
◯ Both

Was this product administered by hand or using a pump?

◯ By hand
◯ Pump
◯ Other (specify)

Specify how heparin was administered.

_____

Heparin concentration 3

_____
(typically given in units/ml such as 10u/ml or 100u/ml)

Heparin syringe size 3

_____
(e.g., 10ml)

Heparin volume in syringe 3

_____
(total volume of liquid product in the syringe in ml)

Provide catalog (REF) number:

_____

Heparin flush lot # 3

_____
(Lot # if known)

Does this lot # correspond to what was administered to this patient, available on the patient unit within the 48 hours prior to symptom onset, available in the facility within the 48 hours prior to symptom onset, or currently in stock at the time of public health investigation?

◯ Administered to patient
◯ Available on the patient unit within the 48 hours prior to symptom onset
◯ Available in the facility within 48 hours prior to symptom onset
◯ Currently in stock at the time of public health investigation
(Please check the most specific option (i.e., if used on this specific patient and used on the unit, check "used on this patient."))

Regardless of the answers to the above questions, did this patient receive any compounded medications prepared with a BD heparin or saline flush?

◯ Yes
◯ No

If yes to the above, specify what the patient received.

_____
(Include as much information as possible, e.g. lot number, catalog number, volume, diameter, etc.)

If yes to the above, what was the date(s) of administration?

_____

Additional exposure questions

Other line products used

_____
(Within the 7 days prior to symptom onset, eg. Chlorhexadine, antibiotics, alcohol scrub, line caps, dressing change kit; please be as specific as possible to include manufacturers, description, lot #, etc.)

Location where line products used

_____
(e.g., acute care facility type, outpatient location, etc.)

List the steps, in order, for the normal line flush and heplock procedures.

_____

Other common non-line product exposures and locations

_____
(Free text notes on whatever other common exposure might exist among cases - please note which other cases have the exposure listed. Please include exposures from home health care, outpatient healthcare visits, dialysis, etc. and provide as much detail as possible (but do not include actual names of facilities/agencies).)

Any additional concerning exposures that are outside the 7 day window?

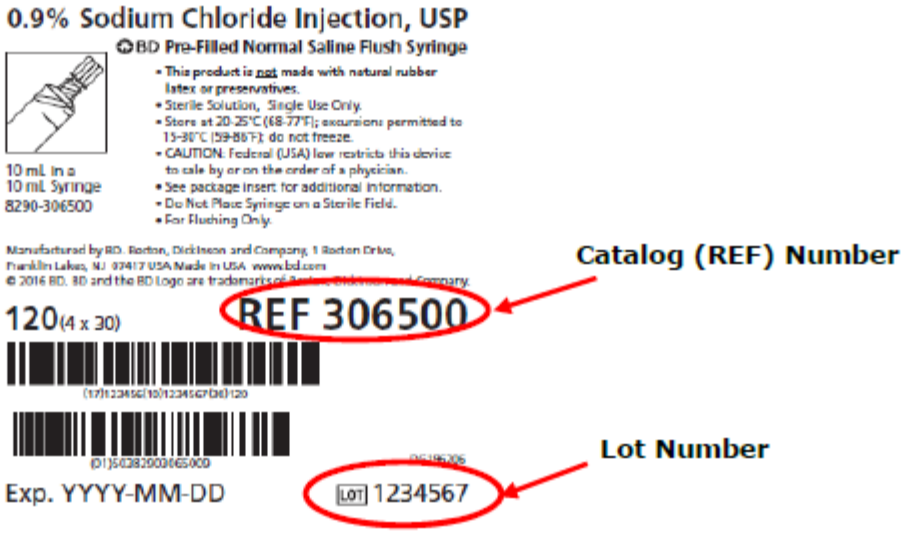
_____

Public reporting burden of this collection of information is estimated to average 2 hours 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

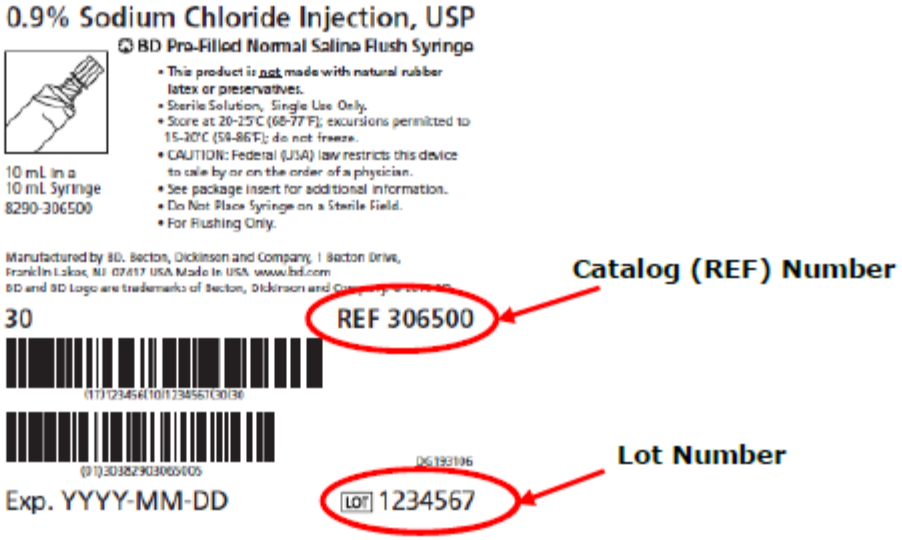
Medical Device Recall Catalog (Ref) and Lot Numbers Identification Sample:

Example for Saline:

Case Label:



Shelf Box Label:



Unit Label: