



## Primary Bloodstream Infection (BSI)

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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: BSI	*Date of Event:	
Post-procedure BSI: Yes No	Date of Procedure:	
NHSN Procedure Code:	ICD-9-CM Procedure Code:	

\*MDRO Infection Surveillance:

Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:
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**Risk Factors**

<p>*If ICU/Other locations, Central line: Yes No</p> <p>*If Specialty Care Area/Oncology,</p> <p style="padding-left: 20px;">Permanent central line: Yes No</p> <p style="padding-left: 20px;">Temporary central line: Yes No</p> <p>*If NICU, Central line, including umbilical catheter Yes No</p> <p style="padding-left: 20px;">Birth weight (grams)</p>	<p><b>Check all that apply:</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present</p> <hr/> <p><b>Check all that apply:</b> If any option(s) from below are checked 'Yes', then mark the "Central Line" risk factor field 'No' if an eligible central line was also in place.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Known or suspected Munchausen Syndrome by Proxy during current admission</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Observed or suspected patient injection into vascular line(s) within the BSI infection window period</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Epidermolysis bullosa during current admission</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arterial catheter</li> <li><input type="checkbox"/> Arteriovenous fistula</li> <li><input type="checkbox"/> Arteriovenous graft</li> <li><input type="checkbox"/> Atrial lines (Right and Left)</li> <li><input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter</li> <li><input type="checkbox"/> Intra-aortic balloon pump (IABP) device</li> <li><input type="checkbox"/> Non-accessed central line (not accessed nor inserted during the admission)</li> <li><input type="checkbox"/> Peripheral IV or Midline catheter</li> </ul> <p>Location of Device Insertion: _____</p> <p>Date of Device Insertion: ___ / ___ / _____</p>
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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 33 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).

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<b>Event Details</b>
*Specific Event: Laboratory-confirmed
*Specify Criteria Used:
Signs & Symptoms (check all that apply)

<b>Any Patient</b>		<b>≤ 1 year old</b>		<b>Underlying conditions for MBI-LCBI (check all that apply):</b>					
<input type="checkbox"/> Fever		<input type="checkbox"/> Fever		<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GI GVHD					
<input type="checkbox"/> Chills		<input type="checkbox"/> Hypothermia		<input type="checkbox"/> Allo-SCT with diarrhea					
<input type="checkbox"/> Hypotension		<input type="checkbox"/> Apnea		<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm <sup>3</sup> )					
		<input type="checkbox"/> Bradycardia							
				<b>Laboratory (check one)</b>					
				<input type="checkbox"/> Recognized pathogen from one or more blood cultures					
				<input type="checkbox"/> Common commensal from ≥ 2 blood cultures					
**Died: Yes No				BSI Contributed to Death: Yes No					
Discharge Date:				*Pathogens Identified: Yes No		*If Yes, specify on pages 2-3.			
<b>Pathogen #</b>	<b>Gram-positive Organisms</b>								
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available):		<b>VANC</b> S I R N						
_____	____ <i>Enterococcus faecium</i>		<b>DAPTO</b> S N S N		<b>GENTHL<sup>§</sup></b> S R N	<b>LNZ</b> S I R N	<b>VANC</b> S I R N		
_____	____ <i>Enterococcus faecalis</i>								
_____	____ <i>Enterococcus spp.</i> (Only those not identified to the species level)								
_____	<i>Staphylococcus aureus</i>		<b>CIPRO/LEVO/MOXI</b> S I R N	<b>CLIND</b> S I R N	<b>DAPTO</b> S N S N	<b>DOXY/MINO</b> S I R N	<b>ERYTH</b> S I R N	<b>GENT</b> S I R N	<b>LNZ</b> S R N
			<b>OX/CEFOX/METH</b> S I R N	<b>RIF</b> S I R N	<b>TETRA</b> S I R N	<b>TIG</b> S N S N	<b>TMZ</b> S I R N	<b>VANC</b> S I R N	
<b>Pathogen #</b>	<b>Gram-negative Organisms</b>								
_____	<i>Acinetobacter</i> (specify species)		<b>AMK</b> S I R N	<b>AMPSUL</b> S I R N	<b>AZT</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CIPRO/LEVO</b> S I R N	<b>COL/PB</b> S I R N
			<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIP/PIPTAZ</b> S I R N	<b>TETRA/DOXY/MINO</b> S I R N		
			<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N					
_____	<i>Escherichia coli</i>		<b>AMK</b> S I R N	<b>AMP</b> S I R N	<b>AMPSUL/AMXCLV</b> S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFEP</b> S I/S-DD R N	<b>CEFOT/CEFTRX</b> S I R N
			<b>CEFTAZ</b> S I R N	<b>CEFUR</b> S I R N	<b>CEFOX/CETET</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB<sup>†</sup></b> S R N		
			<b>ERTA</b> S I R N	<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TETRA/DOXY/MINO</b> S I R N	
			<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N				
_____	<i>Enterobacter</i> (specify species)		<b>AMK</b> S I R N	<b>AMP</b> S I R N	<b>AMPSUL/AMXCLV</b> S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFEP</b> S I/S-DD R N	<b>CEFOT/CEFTRX</b> S I R N
			<b>CEFTAZ</b> S I R N	<b>CEFUR</b> S I R N	<b>CEFOX/CETET</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB<sup>†</sup></b> S R N		
			<b>ERTA</b> S I R N	<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TETRA/DOXY/MINO</b> S I R N	
			<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N				
_____	____ <i>Klebsiella pneumoniae</i>		<b>AMK</b> S I R N	<b>AMP</b> S I R N	<b>AMPSUL/AMXCLV</b> S I R N	<b>AZT</b> S I R N	<b>CEFAZ</b> S I R N	<b>CEFEP</b> S I/S-DD R N	<b>CEFOT/CEFTRX</b> S I R N
			<b>CEFTAZ</b> S I R N	<b>CEFUR</b> S I R N	<b>CEFOX/CETET</b> S I R N	<b>CIPRO/LEVO/MOXI</b> S I R N	<b>COL/PB<sup>†</sup></b> S R N		
			<b>ERTA</b> S I R N	<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>MERO/DORI</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TETRA/DOXY/MINO</b> S I R N	
			<b>TIG</b> S I R N	<b>TMZ</b> S I R N	<b>TOBRA</b> S I R N				

Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>	DAPTO SNSN		GENTHL <sup>s</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 (continued)									
_____	<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) _____	_____Dr ug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	_____Dr ug 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) _____	_____Dr ug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	_____Dr ug 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) _____	_____Dr ug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	_____Dr ug 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**

<sup>§</sup> **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

<sup>†</sup> **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= 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= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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### Custom Fields

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

### Comments