

## 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