PATIENT ID: __ __ __ __ __ __ __ __ __ __

DATE REPORTED TO EIP SITE: ___ ___ - ___ ___ - ___ ___ ___ ___

# 2020 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant *A. baumannii* (CRAB)
## Multi-site Gram-Negative Surveillance Initiative (MuGSI)
## Healthcare-Associated Infections Community Interface (HAIC) Case Report

Form Approved
OMB No. 0920-0978

| Patient's Name: | | Phone no. ( ) |
|---|---|---|
| Address: | | MRN: |
| City: | State | ZIP: | Hospital: |

***----Patient Identifier information is not transmitted to CDC----***

**DEMOGRAPHICS**

| 1. STATE: | 2. COUNTY: | 3. STATE ID: | 4a. LABORATORY ID WHERE INCIDENT SPECIMEN IDENTIFIED: | 4b. FACILITY ID WHERE PATIENT TREATED: |
|---|---|---|---|---|
| ___ ___ | _____ | __ __ __ __ __ __ __ __ __ __ | _____ | _____ |

**5. DATE OF BIRTH:**
__ __ - __ __ - __ __ __ __

**6. AGE:** ___ ___ ___
☐ Days ☐ Mos. ☐ Yrs.

**7. SEX AT BIRTH:**
☐ MALE ☐ FEMALE
☐ Unknown
☐ Check if transgender

**8a. ETHNIC ORIGIN:**
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

**8b. RACE: (Check all that apply)**
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Unknown

**9. DATE OF INCIDENT SPECIMEN COLLECTION (DISC):**
___ ___ - ___ ___ - ___ ___ ___ ___

**10. ORGANISM:** ☐ CRE ☐ CRAB

**If CRE, select one of the following:**
☐ *Escherichia coli*
☐ *Enterobacter cloacae*
☐ *Klebsiella aerogenes*
☐ *Klebsiella pneumoniae*
☐ *Klebsiella oxytoca*

**11. INCIDENT SPECIMEN COLLECTION SITE:**
☐ Blood ☐ Bone ☐ CSF ☐ Internal body site (specify):_____ ☐ Joint/synovial fluid ☐ Muscle ☐ Peritoneal fluid ☐ Pericardial fluid ☐ Pleural fluid
☐ Urine ☐ Other normally sterile site (specify): _____

**12. LOCATION OF SPECIMEN COLLECTION:**

☐ **OUTPATIENT:**
Facility ID:_____
☐ Emergency room
☐ Clinic/Doctor's office
☐ Dialysis center
☐ Surgery
☐ Observational/ Clinical decision unit
☐ Other outpatient

☐ **INPATIENT:**
Facility ID:_____
☐ ICU
☐ OR
☐ Radiology
☐ Other inpatient

☐ **LTCF**
Facility ID:_____
☐ **LTACH**
Facility ID:_____
☐ **Autopsy**
☐ **Other (specify):** _____
☐ **Unknown**

**13. WHERE WAS THE PATIENT LOCATED ON THE 3RD CALENDAR DAY BEFORE THE DISC?**
☐ Private residence
☐ LTCF
Facility ID: _____
☐ Hospital inpatient
Facility ID: _____
Was the patient transferred from this hospital?
☐ Yes ☐ No ☐ Unknown
☐ LTACH
Facility ID: _____
☐ Homeless
☐ Incarcerated
☐ Other (specify):_____
☐ Unknown

**14. WAS THE PATIENT HOSPITALIZED ON THE DAY OF OR IN THE 29 CALENDAR DAYS AFTER THE DISC?**
☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___

**15a. WAS THE PATIENT IN AN ICU IN THE 7 DAYS BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR ☐ Date unknown

**15b. WAS THE PATIENT IN AN ICU ON THE DAY OF INCIDENT SPECIMEN COLLECTION OR IN THE 6 DAYS AFTER THE DISC?**
☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF ICU ADMISSION: ___ ___ - ___ ___ - ___ ___ ___ ___ OR ☐ Date unknown

**16. PATIENT OUTCOME:** ☐ Survived ☐ Died ☐ Unknown

DATE OF DISCHARGE: ___ ___ - ___ ___ - ___ ___ ___ ___ OR
☐ Date unknown ☐ Left against medical advice (AMA)

IF SURVIVED, DISCHARGED TO:
☐ Private residence ☐ LTCF Facility ID:_____ ☐ LTACH Facility ID: _____
☐ Other (specify): _____ ☐ Unknown

DATE OF DEATH: ___ ___ - ___ ___ - ___ ___ ___ ___ OR ☐ Date unknown

ON THE DAY OF OR IN THE 6 CALENDAR DAYS BEFORE DEATH, WAS THE PATHOGEN OF INTEREST ISOLATED FROM A SITE THAT MEETS THE CASE DEFINITION?
☐ Yes ☐ No ☐ Unknown

**17a. TYPES OF INFECTION ASSOCIATED WITH CULTURE(S): (Check all that apply)** ☐ None ☐ Unknown ☐ Colonized

- ☐ Abscess, not skin
- ☐ AV fistula/graft infection
- ☐ Bacteremia
- ☐ Bursitis
- ☐ Catheter site infection (CVC)
- ☐ Cellulitis
- ☐ Chronic ulcer/wound (not decubitus)
- ☐ Decubitus/pressure ulcer
- ☐ Empyema
- ☐ Endocarditis
- ☐ Epidural Abscess
- ☐ Meningitis
- ☐ Osteomyelitis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Pyelonephritis
- ☐ Septic arthritis
- ☐ Septic emboli
- ☐ Septic shock
- ☐ Skin abscess
- ☐ Surgical incision infection
- ☐ Surgical site infection (internal)
- ☐ Traumatic wound
- ☐ Urinary tract infection
- ☐ Other (specify): _____

**17b. RECURRENT UTI**

- ☐ Yes
- ☐ No
- ☐ Unknown

**17c. WAS THE PATIENT TREATED FOR THE MUGSI ORGANISM?** ☐ Yes ☐ No ☐ Unknown

**18. UNDERLYING CONDITIONS: (Check all that apply)** ☐ None ☐ Unknown

**CHRONIC LUNG DISEASE**
- ☐ Cystic fibrosis
- ☐ Chronic pulmonary disease

**CHRONIC METABOLIC DISEASE**
- ☐ Diabetes mellitus
  - ☐ With chronic complications

**CARDIOVASCULAR DISEASE**
- ☐ CVA/Stroke/TIA
- ☐ Congenital heart disease
- ☐ Congestive heart failure
- ☐ Myocardial infarction
- ☐ Peripheral vascular disease (PVD)

**GASTROINTESTINAL DISEASE**
- ☐ Diverticular disease
- ☐ Inflammatory bowel disease
- ☐ Peptic ulcer disease
- ☐ Short gut syndrome

**IMMUNOCOMPROMISED CONDITION**
- ☐ HIV infection
  - ☐ AIDS/CD4 count < 200
- ☐ Primary immunodeficiency
- ☐ Transplant, hematopoietic stem cell
- ☐ Transplant, solid organ

**LIVER DISEASE**
- ☐ Chronic liver disease
  - ☐ Ascites
  - ☐ Cirrhosis
  - ☐ Hepatic encephalopathy
  - ☐ Variceal bleeding
- ☐ Hepatitis C
  - ☐ Treated, in SVR
  - ☐ Current, chronic

**MALIGNANCY**
- ☐ Malignancy, hematologic
- ☐ Malignancy, solid organ (non-metastatic)
- ☐ Malignancy, solid organ (metastatic)

**NEUROLOGIC CONDITION**
- ☐ Cerebral palsy
- ☐ Chronic cognitive deficit
- ☐ Dementia
- ☐ Epilepsy/seizure/seizure disorder
- ☐ Multiple sclerosis
- ☐ Neuropathy
- ☐ Parkinson's disease
- ☐ Other (specify): _____

**PLEGIAS/PARALYSIS**
- ☐ Hemiplegia
- ☐ Paraplegia
- ☐ Quadriplegia

**RENAL DISEASE**
- ☐ Chronic kidney disease
  - Lowest serum creatinine: _____mg/DL
  - ☐ Unknown or not done

**SKIN CONDITION**
- ☐ Burn
- ☐ Decubitus/pressure ulcer
- ☐ Surgical wound
- ☐ Other chronic ulcer or chronic wound
- ☐ Other (specify):_____

**OTHER**
- ☐ Connective tissue disease
- ☐ Obesity or morbid obesity
- ☐ Pregnant

**MUGSI CONDITIONS**
- ☐ Urinary tract problems/ abnormalities
- ☐ Premature birth
- ☐ Spina bifida

**19. SUBSTANCE USE**

**SMOKING: (Check all that apply)** ☐ None ☐ Unknown
- ☐ Tobacco
- ☐ E-nicotine delivery system
- ☐ Marijuana

**ALCOHOL ABUSE:**
- ☐ Yes
- ☐ No
- ☐ Unknown

**OTHER SUBSTANCES: (Check all that apply)** ☐ None ☐ Unknown

| | DOCUMENTED USE DISORDER (DUD)/ABUSE: | MODE OF DELIVERY: (Check all that apply) |
|---|---|---|
| ☐ Marijuana, cannabinoid (other than smoking) | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Opioid, DEA schedule I (e.g., heroin) | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Opioid, NOS | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Cocaine | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Methamphetamine | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Other (specify): _____ | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |
| ☐ Unknown substance | ☐ DUD or abuse | ☐ IDU ☐ Skin popping ☐ Non-IDU ☐ Unknown |

DURING THE CURRENT HOSPITALIZATION, DID THE PATIENT RECEIVE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER? ☐ Yes ☐ No ☐ N/A (patient not hospitalized or did not have DUD)

**20. RISK FACTORS: (Check all that apply)** ☐ None ☐ Unknown

**WAS INCIDENT SPECIMEN COLLECTED 3 OR MORE CALENDAR DAYS AFTER HOSPITAL ADMISSION?** ☐ Yes ☐ No

**PREVIOUS HOSPITALIZATION IN THE YEAR BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

IF YES, DATE OF DISCHARGE CLOSEST TO DISC :__ __ - __ __ - __ __ __ __

OR, DATE UNKNOWN ☐

Facility ID: _____

**OVERNIGHT STAY IN LTCF IN THE YEAR BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

Facility ID: _____

**OVERNIGHT STAY IN LTACH IN THE YEAR BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

Facility ID: _____

**SURGERY IN THE YEAR BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

**CURRENT CHRONIC DIALYSIS:** ☐ Yes ☐ No ☐ Unknown

IF YES, TYPE: ☐ Hemodialysis ☐ Peritoneal ☐ Unknown

IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS:

☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown

**CENTRAL LINE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

Check here if central line in place for > 2 calendar days: ☐

**URINARY CATHETER IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

IF YES, CHECK ALL THAT APPLY:

☐ Indwelling Urethral Catheter ☐ Suprapubic Catheter

☐ Condom Catheter ☐ Other (specify):_____

**ANY OTHER INDWELLING DEVICE IN PLACE ON THE DISC (UP TO THE TIME OF COLLECTION), OR AT ANY TIME IN THE 2 CALENDAR DAYS BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

IF YES, CHECK ALL THAT APPLY:

☐ ET/NT Tube ☐ Gastrostomy Tube ☐ NG Tube

☐ Tracheostomy ☐ Nephrostomy Tube ☐ Other (specify): _____

**PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC:** ☐ Yes ☐ No ☐ Unknown

COUNTRY: _____, _____, _____

**PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE:** ☐ Yes ☐ No ☐ Unknown

**21a. WEIGHT:**
_____lbs. _____ oz. OR
_____kg ☐ Unknown

**21b. HEIGHT:**
_____ft. _____ in. OR
_____cm ☐ Unknown

**21c. BMI:**
_____
☐ Unknown

**URINE CULTURES ONLY:**
**22a. WAS THE URINE COLLECTED THROUGH AN INDWELLING URETHRAL CATHETER?**
☐ Yes ☐ No ☐ Unknown

**URINE CULTURES ONLY:**
**22b. RECORD THE COLONY COUNT:** _____

**URINE CULTURES ONLY:**
**22c. SIGNS AND SYMPTOMS ASSOCIATED WITH URINE CULTURE**
Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC.

☐ **None**
☐ Costovertebral angle pain or tenderness
☐ Dysuria
☐ Fever [temperature ≥ 100.4 °F (38 °C)]
☐ **Unknown**
☐ Frequency
☐ Suprapubic tenderness
☐ Urgency

**Symptoms for patients ≤ 1 year of age only:**
☐ Apnea ☐ Lethargy
☐ Bradycardia ☐ Vomiting

**URINE CULTURES ONLY:**
**22d. WAS A BLOOD CULTURE POSITIVE IN THE 3 CALENDAR DAYS BEFORE THROUGH THE 3 CALENDAR DAYS AFTER THE DISC FOR THE SAME MuGSI ORGANISM?**
☐ Yes ☐ No ☐ Unknown

**23. WAS THE INCIDENT SPECIMEN POLYMICROBIAL?**
☐ Yes
☐ No
☐ Unknown

**24a. WAS THE INCIDENT SPECIMEN TESTED FOR CARBAPENEMASE?**
☐ Yes
☐ No
☐ Laboratory not testing
☐ Unknown

**24b. IF YES,** WHAT TESTING METHOD WAS USED? (Check all that apply):

**Non-Molecular Tests**
☐ CarbaNP
☐ Carbapenemase Inactivation Method (CIM)
☐ Disk Diffusion/ROSCO Disk
☐ E-test
☐ Modified Carbapenemase Inactivation Method (mCIM)
☐ Modified Hodge Test (MHT)
☐ RAPIDEC
☐ Other (specify):_____
☐ Unknown

**Molecular Tests**
☐ Automated Molecular Assay
☐ Carba-R
☐ Check Points
☐ MALDI-TOF MS
☐ Next Generation Nucleic Acid Sequencing
☐ PCR
☐ Other (specify):_____
☐ Unknown

**24c. IF TESTED,** WHAT WAS THE TESTING RESULT?

**Non-Molecular Test Results:**
☐ Positive ☐ Indeterminate
☐ Negative ☐ Unknown

**Molecular Test Results:**

| | | | | |
|---|---|---|---|---|
| ☐ NDM | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ KPC | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ OXA | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ OXA-48 | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ VIM | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ IMP | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |
| ☐ Other (specify)_____ | ☐ Pos | ☐ Neg | ☐ Ind | ☐ Unk |

**25. WAS THE SAME ORGANISM (Q10) CULTURED FROM A DIFFERENT STERILE SITE OR URINE IN THE 30 DAYS AFTER THE DISC?**
☐ Yes ☐ No ☐ Unknown

**IF YES,** SOURCE: (check all that apply)
☐ Blood
☐ Bone
☐ CSF
☐ Internal body site (specify): _____
☐ Joint/synovial fluid
☐ Muscle
☐ Peritoneal fluid
☐ Pericardial fluid
☐ Pleural fluid
☐ Urine
☐ Other normally sterile site (specify): _____

**26. ENTEROBACTERIACEAE ONLY: WERE CULTURES OF STERILE SITE(S) OR URINE POSITIVE FOR A DIFFERENT ORGANISM (Q10) IN THE 30 DAYS BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown ☐ N/A

**IF YES,** SOURCE: (check all that apply)
☐ Blood
☐ Bone
☐ CSF
☐ Internal body site (specify): _____
☐ Joint/synovial fluid
☐ Muscle
☐ Peritoneal fluid
☐ Pericardial fluid
☐ Pleural fluid
☐ Urine
☐ Other normally sterile site (specify): _____

**IF YES,** INDICATE ORGANISM AND ASSOCIATED STATE ID FOR THE INCIDENT CLOSEST TO THE DISC:
☐ *Escherichia coli*
☐ *Enterobacter cloacae*
☐ *Klebsiella aerogenes*
☐ *Klebsiella pneumoniae*
☐ *Klebsiella oxytoca*

**STATE ID:** _____

**27a. *A. BAUMANNII* CULTURES ONLY:WERE CULTURES OF OTHER STERILE SITE(S) OR URINE POSITIVE FOR ANOTHER *A. BAUMANNII* IN THE 30 DAYS BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown ☐ N/A

**IF YES,** SOURCE: (check all that apply)
☐ Blood
☐ Bone
☐ CSF
☐ Internal body site (specify): _____
☐ Joint/synovial fluid
☐ Muscle
☐ Peritoneal fluid
☐ Pericardial fluid
☐ Pleural fluid
☐ Urine
☐ Other normally sterile site (specify): _____

IF YES, STATE ID FOR THE INCIDENT CLOSEST TO THE DISC: _____

**27b. *A. BAUMANNII* CULTURES ONLY:**
**DID THE PATIENT HAVE A SPUTUM CULTURE POSITIVE FOR CRAB IN THE 30 DAYS BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown ☐ N/A

**27c. *A. BAUMANNII* CULTURES ONLY:**
**RISK FACTORS IN THE 7 DAYS BEFORE THE DISC:**
☐ Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC
☐ Nebulizer treatment at any time in the 7 calendar days before the DISC
☐ Mechanical ventilation at any time in the 7 calendar days before the DISC

**28a. WAS THE PATIENT POSITIVE FOR THE SAME ORGANISM IN THE YEAR BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown

**28b. IF YES, SPECIFY DATE OF CULTURE AND STATE ID FOR THE FIRST POSITIVE CULTURE IN THE YEAR BEFORE:**
**DATE OF CULTURE:** ___ ___ - ___ ___ - ___ ___ ___ ___
**STATE ID:** _____

**29a. ENTEROBACTERIACEAE ONLY: WAS THE PATIENT POSITIVE FOR A MuGSI ENTEROBACTERIACEAE IN THE YEAR BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown ☐ N/A

**29b. IF YES, SPECIFY ORGANISM, DATE OF CULTURE, AND STATE ID FOR THE FIRST POSITIVE ENTEROBACTERIACEAE CULTURE IN THE YEAR BEFORE THE DISC:**
☐ *Escherichia coli* ☐ *Enterobacter cloacae* ☐ *Klebsiella aerogenes*
☐ *Klebsiella pneumoniae* ☐ *Klebsiella oxytoca*

**DATE OF CULTURE:** ___ ___ - ___ ___ - ___ ___ ___ ___
**STATE ID:** _____

**30a. DID THE PATIENT HAVE A POSITIVE TEST(S) FOR SARS-CoV-2 (MOLECULAR ASSAY, SEROLOGY OR OTHER CONFIRMATORY TEST) ON OR BEFORE THE DISC?**
☐ Yes ☐ No ☐ Unknown

**30b. IF YES, COMPLETE TABLE BELOW:**

| | Specimen collection date | Test type |
|---|---|---|
| **FIRST positive test for SARS-CoV-2 on or before the DISC:** | ___ ___ / ___ ___ / ___ ___ ___ ___ ☐ Unknown | ☐ Molecular assay ☐ Serology ☐ Unknown ☐ Other *(specify)*: _____ |
| **MOST RECENT positive test for SARS-CoV-2 on or before the DISC:** | ___ ___ / ___ ___ / ___ ___ ___ ___ ☐ Unknown | ☐ Molecular assay ☐ Serology ☐ Unknown ☐ Other *(specify)*: _____ |

**30c.COVID-NET CASE ID:** _____

**30d. NNDSS IDs (please provide at least one of the following when applicable):**
Local case ID:_____ Local record ID:_____ State case identifier:_____ Legacy case identifier:_____

**31. SUSCEPTIBILITY RESULTS:**

Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available.

| Data Source | Medical Record | | Microscan | | Vitek | | Phoenix | | Kirby-Bauer | | E-test | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Antibiotic** | **MIC** | **Interp** | **MIC** | **Interp** | **MIC** | **Interp** | **MIC** | **Interp** | **Zone Diam** | **Interp** | **MIC** | **Interp** |
| **Amikacin** | | | | | | | | | | | | |
| **Amoxicillin/Clavulanate** | | | | | | | | | | | | |
| **Ampicillin** | | | | | | | | | | | | |
| **Ampicillin/Sulbactam** | | | | | | | | | | | | |
| **Aztreonam** | | | | | | | | | | | | |
| **Cefazolin** | | | | | | | | | | | | |
| **CEFEPIME** | | | | | | | | | | | | |
| **CEFOTAXIME** | | | | | | | | | | | | |
| **CEFTAZIDIME** | | | | | | | | | | | | |
| **Ceftazidime/Avibactam** | | | | | | | | | | | | |
| **Ceftolozane/Tazobactam** | | | | | | | | | | | | |
| **CEFTRIAXONE** | | | | | | | | | | | | |
| **Cephalothin** | | | | | | | | | | | | |
| **Ciprofloxacin** | | | | | | | | | | | | |
| **COLISTIN** | | | | | | | | | | | | |
| **DORIPENEM** | | | | | | | | | | | | |
| **Doxycycline** | | | | | | | | | | | | |
| **ERTAPENEM** | | | | | | | | | | | | |
| **Fosfomycin** | | | | | | | | | | | | |
| **Gentamicin** | | | | | | | | | | | | |
| **IMIPENEM** | | | | | | | | | | | | |
| **Imipenem-relebactam** | | | | | | | | | | | | |
| **Levofloxacin** | | | | | | | | | | | | |
| **MEROPENEM** | | | | | | | | | | | | |
| **Meropenem-vaborbactam** | | | | | | | | | | | | |
| **Minocycline** | | | | | | | | | | | | |
| **Moxifloxacin** | | | | | | | | | | | | |
| **Nitrofurantoin** | | | | | | | | | | | | |
| **Piperacillin/Tazobactam** | | | | | | | | | | | | |
| **Plazomicin** | | | | | | | | | | | | |
| **POLYMYXIN B** | | | | | | | | | | | | |
| **Rifampin** | | | | | | | | | | | | |
| **Tetracycline** | | | | | | | | | | | | |
| **TIGECYCLINE** | | | | | | | | | | | | |
| **Tobramycin** | | | | | | | | | | | | |
| **Trimethoprim-sulfamethoxazole** | | | | | | | | | | | | |

**32a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?**

☐ Yes
☐ No

**32b. CRF STATUS:**

☐ Complete
☐ Pending
☐ Chart unavailable after 3 requests

**32c. SO INITIALS:**

_____

**32d. DATE OF ABSTRACTION:**

__ __ - __ __ - __ __ __ __

**32e. COMMENTS:**

_____

_____

_____