



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-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:	
Risk Factors		
*If ICU/Other locations, Central line: Yes No *If Specialty Care Area/Oncology, Permanent central line: Yes No Temporary central line: Yes No *If NICU, Central line, including umbilical catheter Yes No Birth weight (grams)	Check all that apply: Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO) Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present Yes <input type="checkbox"/> No <input type="checkbox"/> *Known or suspected Munchausen Syndrome by Proxy during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> *Observed or suspected patient injection into vascular line(s) within the BSI infection window period Yes <input type="checkbox"/> No <input type="checkbox"/> *Epidermolysis bullosa during current admission 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: <div style="margin-left: 20px;"> <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Atrial lines (Right and Left) <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device <input type="checkbox"/> Non-accessed central line (not accessed inserted during the admission) <input type="checkbox"/> Peripheral IV or Midline catheter </div> Location of Device Insertion: _____ Date of Device Insertion: ___ / ___ / _____	
<p>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)).</p> <p>Public reporting burden of this collection of information is estimated to average 30 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).</p> <p>CDC 57.108 (Front) Rev. 11 v9.4</p>		



Event Details											
*Specific Event: Laboratory-confirmed											
*Specify Criteria Used:											
Signs & Symptoms (check all that apply)											
Any Patient		≤ 1 year old			Underlying conditions for MBI-LCBI (check all that apply):						
<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 ³)						
		<input type="checkbox"/> Bradycardia									
Laboratory (check one)											
<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.						
COVID-19: Yes No											
If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected											
Pathogen #	Gram-positive Organisms										
_____	Staphylococcus coagulase-negative (specify species if available):			VANC S I R N							
_____	___ Enterococcus faecium ___ Enterococcus faecalis ___ Enterococcus spp. (Only those not identified to the species level)			DAPTO S N S N		GENTH [§] S R N	LNZ S I R N	VANC S I R N			
_____	Staphylococcus aureus			CIPRO/LEVO/MOXI S I R N		CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	ERYTH S I R N	GENT S I R N	LNZ S R N
		OX/CEFOX/METH S I R N		RIF S I R N	TETRA S I R N	TIG S N S N	TMZ S I R N	VANC S I R N			
Pathogen #	Gram-negative Organisms										
_____	Acinetobacter (specify species)		AMK S I R N	AMPSUL 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		TETRA/DOXY/MINO S I R N			
			TMZ S I R N	TOBRA S I R N							
_____	Escherichia coli		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N		
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB [†] S R N				
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N			
			TIG S I R N	TMZ S I R N	TOBRA S I R N						
_____	Enterobacter (specify species)		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N		
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB [†] S R N				
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N			
			TIG S I R N	TMZ S I R N	TOBRA S I R N						
_____	___ Klebsiella pneumonia		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N		
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB [†] S R N				
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N			
			___ Klebsiella oxytoca		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB [†] S R N		
			___ Klebsiella aerogenes		ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	



	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

^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= 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= ceftiofloxacin	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			