

Custom Event

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*Required for saving

Facility ID:		Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Gender: M F Other		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
Event Details			
*Event Type:		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
NHSN Procedure Code:		ICD-10-PCS or CPT Procedure Code:	
MDRO/CDI Infection Surveillance: No		Date Admitted to Facility:	
Location:			
Specific Event Type (used only for CDC defined events):			
Specify Criteria Used (check all that apply)			
<u>Signs and Symptoms</u> ☐ Abscess ☐ Heat ☐ Dysuria ☐ Apnea ☐ Hypotension ☐ Fever ☐ Bradycardia ☐ Hypothermia ☐ Bilious aspirate ☐ Cough ☐ Lethargy ☐ Erythema or redness ☐ Vomiting ☐ Nausea ☐ Abdominal distension ☐ Pain or tenderness ☐ Drainage or material* ☐ Wheezing, rales or rhonchi ☐ Diarrhea* ☐ Swelling or inflammation ☐ Occult or gross blood in stools (with no rectal fissure) ☐ Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) ☐ Surgical evidence of pneumatosis intestinalis with or without intestinal perforation		<u>Laboratory or Diagnostic Testing</u> ☐ Organism(s) identified ☐ Culture or non-culture based testing not performed ☐ Organism(s) identified from blood specimen* ☐ Other positive laboratory tests* ☐ > 15 colonies cultured from IV cannula tip using semiquantitative culture method ☐ Pneumatosis intestinalis by radiograph ☐ Portal venous gas (Hepatobiliary gas) by radiograph ☐ Pneumoperitoneum by radiograph ☐ Imaging test evidence of infection*	
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam* ☐ Other signs and symptoms*		<u>Clinical Diagnosis</u> ☐ Physician diagnosis of this event type* ☐ Physician institutes appropriate antimicrobial therapy*	
* Per specific criteria			
Secondary Bloodstream Infection: Yes No		COVID-19: Yes No If Yes: Suspected ☐ Confirmed ☐	
Died: Yes No		Event contributed to death? Yes No	
Discharge Date: ____/____/____		*Pathogens Identified: Yes No If yes, specify on Page 2	
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 35 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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Pathogen #	Gram-positive Organisms							
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC SIRN					
_____	_____ <i>Enterococcus faecium</i>		DAPTO SNSN	GENTHL [®] 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 [†] 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 [†] SRN		
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
		TIG SIRN	TMZ SIRN	TOBRA SIRN				
_____	_____ <i>Klebsiella pneumonia</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 [†] SRN		
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN	
	_____ <i>Klebsiella aerogenes</i>	TIG SIRN	TMZ SIRN	TOBRA SIRN				

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Pathogen #	Gram-negative Organisms (continued)									
_____	<i>Pseudomonas aeruginosa</i>	AMK SIR N	AZT SIR N	CEFEP SIR N	CEFTAZ SIR N	CIPRO/LEVO SIR N	COL/PB SIR N	GENT SIR N		
		IMI SIR N	MERO/DORI SIR N		PIP/PIPTAZ SIR N	TOBRA SIR N				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available)	ANID SIR N	CASPO S NS N	FLUCO S S-DD R N	FLUCY SIR N	ITRA S S-DD R N	MICA S NS N	VORI S S-DD R N		
Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
_____	Organism 1 (specify)	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N

Result Codes

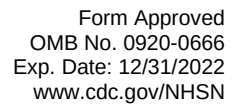
S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

[§] 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= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= ceftaxime	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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[illegible]



Custom Fields