

Adult Sepsis

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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: Adult Sepsis | *Date of Event: | |
| Post-procedure: 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: | |
| Event Details | | |
| Must meet both Part A and B | | |
| *Part A: Suspected Infection | | |
| <input type="checkbox"/> Organism identified by culture or non-culture laboratory diagnostic test | AND | <input type="checkbox"/> ≥ 4 Qualifying Antimicrobial Days starting within ± 2 calendar days of the collection date for the organism identification culture or non-culture laboratory diagnostic test |
| AND | | |
| *Part B: Organ Dysfunction | | |
| <i>(Any one of the following within ± 2 calendar days of date when organism identification test was collected – check all that apply)</i> | | |
| <input type="checkbox"/> Initiation of a new vasopressor | | <input type="checkbox"/> Acute renal failure |
| <input type="checkbox"/> Initiation of invasive mechanical ventilation | | <input type="checkbox"/> Hyperbilirubinemia |
| <input type="checkbox"/> Serum lactate ≥ 2 mg/dL | | <input type="checkbox"/> Thrombocytopenia |
| **If discharged from facility, physical location of patient after leaving facility (Check one): | | |
| <input type="checkbox"/> Nursing home/skilled nursing facility *if yes, see following question <input type="checkbox"/> Personal residence/Residential care *if yes, see following question <input type="checkbox"/> Other short term general hospital for inpatient care <input type="checkbox"/> Long term acute care hospital <input type="checkbox"/> Hospice inpatient medical facility <input type="checkbox"/> Other facility not specified above <input type="checkbox"/> Unknown | | |
| **If discharged from the facility to either nursing home/skilled nursing facility or personal residence/residential care, were hospice services arranged for the post-discharge period? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| **Died: <input type="checkbox"/> Yes <input type="checkbox"/> No | Sepsis Contributed to Death: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Discharge Date: _____ | *Pathogens Identified: <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, specify on pages 2-3 | |
| <small>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 25 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). CDC 57.129 (Front), Rev 0</small> | | |



Form Approved
OMB No. 0920-xxxx
Exp. Date: XX/XX/20XX
www.cdc.gov/nhsn

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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 ^S 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 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 [†] 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 (<i>continued</i>) | | | | | | | | | |
|------------|--|-----------------|--------------------|---------------------|-----------------|---------------------|-----------------|--------------------|-----------------|-----------------|
| _____ | <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

^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= cefazolin | DORI = doripenem | MERO = meropenem | TMZ = trimethoprim/sulfamethoxazole |
| CEFAZ= cefazime | 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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| _____ | ____/____/____ | _____ | ____/____/____ |
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Comments