



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:

Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:
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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 No *Any hemodialysis catheter present

Yes No *Extracorporeal life support present (ECLS or ECMO)

Yes No *Ventricular-assist device (VAD) present

Yes No *Known or suspected Munchausen Syndrome by Proxy during current admission

Yes No *Observed or suspected patient injection into vascular line(s) within the BSI infection window period

Yes No *Epidermolysis bullosa during current admission

Yes No *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:

- Arterial catheter
- Arteriovenous fistula
- Arteriovenous graft
- Atrial lines (Right and Left)
- Hemodialysis reliable outflow (HERO) catheter
- Intra-aortic balloon pump (IABP) device
- Non-accessed central line (not accessed inserted during the admission)
- Peripheral IV or Midline catheter

Location of Device Insertion: _____

Date of Device Insertion: ___ / ___ / _____

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 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).

CDC 57.108 (Front) Rev. 11 v9.4



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 SIRN							
_____	___ Enterococcus faecium ___ Enterococcus faecalis ___ Enterococcus spp. (Only those not identified to the species level)			DAPTO SNSN		GENTH [§] SRN	LNZ SIRN	VANC SIRN			
_____	Staphylococcus aureus			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										
_____	Acinetobacter (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							
_____	Escherichia coli		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						
_____	Enterobacter (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						
_____	___ Klebsiella pneumonia		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			
			___ Klebsiella oxytoca	CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] SRN			
			___ Klebsiella aerogenes	ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		



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	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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_____	_____	_____	_____
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_____	_____	_____	_____
Comments			