



Instructions for Completion of Adult Sepsis Form (CDC 57.129)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Conditionally required. Enter the patient’s Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Circle Female, Male, or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient’s race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
Event type	Required. Adult Sepsis.
Date of event	Required. Enter the earlier date of either of the two criteria in “PART A: Suspected Infection”: the culture or non-culture laboratory diagnostic test collection date or the 1 st Qualifying Antimicrobial Day. For example, if a blood culture was collected on hospital day 1 and the 1 st Qualifying Antimicrobial Day was hospital day



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	1, enter hospital day 1 in this field. Conversely, if a blood culture was collected on hospital day 5 and the 1 st Qualifying Antimicrobial Day was hospital day 4, enter hospital day 4 in this field. Enter the date of this event using this format: MM/DD/YYYY.
Post-procedure	Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility, otherwise check N.
NHSN procedure code	<p>Conditionally required. If Post-procedure Adult Sepsis event = Y, enter the appropriate NHSN procedure code.</p> <p>NOTE: An Adult Sepsis event cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the operation will be auto-entered by the computer.</p>
ICD-10-PCS and CPT procedure code	Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The only allowed ICD-10-PCS or CPT codes are those found in the excel documents in the SSI section of the NHSN website in the “Supporting Materials” section
MDRO Infection Surveillance	<p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p>
Location	<p>Required. Enter the inpatient location to which the patient was assigned on the date of the Adult Sepsis event.</p> <p>If the date of the Adult Sepsis event occurs on the day of transfer or discharge from a location, or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p>



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Date admitted to facility	Required. Enter date patient is physically admitted to an inpatient location using this format: MM/DD/YYYY. Do not use the date the admission order is written. If a patient is sent to an inpatient location as an “observation” patient, they are considered admitted for NHSN purposes.
Event Details	
Part A: Suspected Infection	Required. Check each of the elements that were used to identify this Adult Sepsis event.
Part B: Organ Dysfunction	Required. Check each of the elements that were used to identify this Adult Sepsis event.
Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Sepsis contributed to death	Conditionally required if patient died. Check “Yes” if such evidence is available (e.g., death/discharge note, autopsy report, etc.) otherwise check “No”
Discharge date	Conditionally required if patient discharged from facility. Date patient discharged from facility using this format: MM/DD/YYYY.
Pathogen identified	Required. This field will be auto entered by the computer as Y. Specify pathogens on subsequent pages of form.
If discharged from facility, physical location of patient after leaving facility (Check one):	Conditionally required if discharged from facility. Select the location in which the patient spent the night immediately after discharge or transfer from your facility. Selections include: (1) Nursing Home/Skilled Nursing Facility; (2) Personal Residence/Residential Care, which includes personal homes or assisted living environments in which 24/7 care is not provided in a group setting. Note: if the patient’s personal residence is a nursing home or skilled nursing facility, then your selection should be Nursing Home/Skilled Nursing Facility; (3) Other short term general hospital for inpatient care; (4) Long term acute care hospital; (5) Hospice inpatient medical facility; (6) Other facility not specified above; (7) Unknown.



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<p>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?</p>	<p>Conditionally Required if discharged to either nursing home/skilled nursing facility or personal residence/residential care. Select “Yes” if the patient was discharged with hospice services arranged in the post-discharge period.</p>
<p>Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms</p>	<p>Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If the species is not given on the lab report or is not found on the NHSN drop down list, then select the “spp” choice for the genus (e.g., <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> spp.).</p>
<p>Antimicrobial agent and susceptibility results</p>	<p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional. <p>Circle the pathogen’s susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>
<p>Custom Fields</p>	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p>NOTE: Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
<p>Comments</p>	<p>Optional. Enter any information on the event.</p>