



Custom Event

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|---|--|---------------------------|---|---|--|--|---------------------------|--|--|
| 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) | | | | | | | | | |
| <table border="0"> <tr> <td style="text-align: center;"><u>Signs and Symptoms</u></td> <td style="text-align: center;"><u>Laboratory or Diagnostic Testing</u></td> </tr> <tr> <td> <input type="checkbox"/> Abscess <input type="checkbox"/> Heat <input type="checkbox"/> Dysuria <input type="checkbox"/> Apnea <input type="checkbox"/> Hypotension <input type="checkbox"/> Fever <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Bilious aspirate <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Abdominal distension <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Drainage or material* <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Diarrhea* <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure) <input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) <input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation </td> <td> <input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Organism(s) identified from blood specimen* <input type="checkbox"/> Other positive laboratory tests* <input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Pneumatosis intestinalis by radiograph <input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph <input type="checkbox"/> Pneumoperitoneum by radiograph <input type="checkbox"/> Imaging test evidence of infection* </td> </tr> <tr> <td></td> <td style="text-align: center;"><u>Clinical Diagnosis</u></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy* </td> </tr> </table> | | <u>Signs and Symptoms</u> | <u>Laboratory or Diagnostic Testing</u> | <input type="checkbox"/> Abscess <input type="checkbox"/> Heat <input type="checkbox"/> Dysuria <input type="checkbox"/> Apnea <input type="checkbox"/> Hypotension <input type="checkbox"/> Fever <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Bilious aspirate <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Abdominal distension <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Drainage or material* <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Diarrhea* <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure) <input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) <input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation | <input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Organism(s) identified from blood specimen* <input type="checkbox"/> Other positive laboratory tests* <input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Pneumatosis intestinalis by radiograph <input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph <input type="checkbox"/> Pneumoperitoneum by radiograph <input type="checkbox"/> Imaging test evidence of infection* | | <u>Clinical Diagnosis</u> | | <input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy* |
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| | <input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy* | | | | | | | | |
| <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam* <input type="checkbox"/> Other signs and symptoms* | | | | | | | | | |
| * Per specific criteria | | | | | | | | | |
| Secondary Bloodstream Infection: Yes No | COVID-19: Yes No If Yes: Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> | | | | | | | | |
| Died: Yes No | Event contributed to death? Yes No | | | | | | | | |
| Discharge Date: ___/___/___ | *Pathogens Identified: Yes No If yes, specify on Page 2 | | | | | | | | |
| <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 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).</p> | | | | | | | | | |
| CDC 57.115 (Front) Rev 6 V. 8.6 | | | | | | | | | |

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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 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 | | | |
| _____ | _____ <i>Klebsiella aerogenes</i> | 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 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 NS N | FLUCO S S-DD R N | FLUCY S I R 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 S I R N | Drug 2 S I R N | Drug 3 S I R N | Drug 4 S I R N | Drug 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) | Drug 1 S I R N | Drug 2 S I R N | Drug 3 S I R N | Drug 4 S I R N | Drug 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) | Drug 1 S I R N | Drug 2 S I R N | Drug 3 S I R N | Drug 4 S I R N | Drug 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= ceftoxitin | ERYTH = erythromycin | MINO = minocycline | VORI = voriconazole |
| CEFTAZ = ceftazidime | FLUCO = fluconazole | MOXI = moxifloxacin | |

Custom Event

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| Custom Fields | | | |
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Custom Fields

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