

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM

CDC ID: -

Survey date: //

Date form completed: //

Data collector initials: _____

Enter the TOTAL no. of HAIs for this patient _____. If no HAIs, check here: None and the form is complete.

HAI	Specific site and infection data	Event date	Secondary BSI	Rx start date	Pathogens	Location of attribution
<input type="checkbox"/> BJ	Check one: <input type="checkbox"/> BONE <input type="checkbox"/> DISC <input type="checkbox"/> JNT <input type="checkbox"/> PJI	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	<input type="checkbox"/> Unk
<input type="checkbox"/> BSI	Check one: <input type="checkbox"/> LCBI <input type="checkbox"/> MBI-LCBI Central line-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> ECMO <input type="checkbox"/> VAD <input type="checkbox"/> EB <input type="checkbox"/> Self-injection in central line <input type="checkbox"/> Munchausen syndrome (factitious disorder) <input type="checkbox"/> Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device <input type="checkbox"/> None </div> <div style="width: 45%;"> <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Atrial lines (Right and Left) <input type="checkbox"/> Peripheral IV or Midline catheter <input type="checkbox"/> Non-accessed central line (not accessed nor inserted during the admission) </div> </div>	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	NA	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	<input type="checkbox"/> Unk
<input type="checkbox"/> CNS	Check one: <input type="checkbox"/> IC <input type="checkbox"/> MEN <input type="checkbox"/> SA	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	<input type="checkbox"/> Unk
<input type="checkbox"/> CVS	Check one: <input type="checkbox"/> CARD <input type="checkbox"/> ENDO <input type="checkbox"/> MED <input type="checkbox"/> VASC	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	<input type="checkbox"/> Unk
<input type="checkbox"/> EENT	Check one: <input type="checkbox"/> CONJ <input type="checkbox"/> EAR <input type="checkbox"/> EYE <input type="checkbox"/> ORAL <input type="checkbox"/> SINU <input type="checkbox"/> UR	____/____/____ or <input type="checkbox"/> BH <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> None	1: _____ 2: _____ 3: _____ or <input type="checkbox"/> None	<input type="checkbox"/> Unk

HAI	Specific site and infection data	Event date	Secondary BSI	Rx start date	Pathogens	Location of attribution
<input type="checkbox"/> GI	<p>Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> IAB <input type="checkbox"/> NEC</p> <p>If CDI, which C. diff tests were performed (check all that apply)? <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> GDH EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Toxin EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Combined GDH EIA and Toxin EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> NAAT → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Cell cytotoxicity neutralization assay (CCNA) → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Toxigenic culture → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p>If CDI, which test was the LAST test result placed in the medical record?</p> <p><input type="checkbox"/> GDH EIA <input type="checkbox"/> Toxin EIA <input type="checkbox"/> NAAT <input type="checkbox"/> CCNA <input type="checkbox"/> Toxigenic culture <input type="checkbox"/> Unknown</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
<input type="checkbox"/> LRI	<p>Check one: <input type="checkbox"/> LUNG</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
<input type="checkbox"/> PNEU	<p>Check one: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 Ventilator-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If PNU 2/3, check specimen types that apply: <input type="checkbox"/> BAL <input type="checkbox"/> ETA <input type="checkbox"/> PSB <input type="checkbox"/> Sputum <input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Pleural fluid <input type="checkbox"/> Lung tissue <input type="checkbox"/> Other, specify: _____</p> <p>If PNU3: check conditions that apply: <input type="checkbox"/> SOT, date: ____/____/____ or <input type="checkbox"/> Date unk</p> <p><input type="checkbox"/> HSCT, date: ____/____/____ or <input type="checkbox"/> Date unk <input type="checkbox"/> Low-dose steroids <input type="checkbox"/> High-dose steroids</p> <p><input type="checkbox"/> Splenectomy <input type="checkbox"/> HIV positive with CD4 count <200 <input type="checkbox"/> ANC or WBC <500/mm³</p> <p><input type="checkbox"/> Cytotoxic chemotherapy</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
<input type="checkbox"/> REPR	<p>Check one: <input type="checkbox"/> EMET <input type="checkbox"/> EPIS <input type="checkbox"/> OREP <input type="checkbox"/> VCUF</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
<input type="checkbox"/> SSI	<p>Proc: _____ Proc date: ____/____/____</p> <p>Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____</p> <p>If SI or DI check one: <input type="checkbox"/> Primary incision <input type="checkbox"/> Secondary incision</p> <p>PATOS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>NA</p>
<input type="checkbox"/> SST	<p>Check one: <input type="checkbox"/> BRST <input type="checkbox"/> BURN <input type="checkbox"/> CIRC <input type="checkbox"/> DECU <input type="checkbox"/> SKIN <input type="checkbox"/> ST <input type="checkbox"/> UMB</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>
<input type="checkbox"/> UTI	<p>Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI <input type="checkbox"/> USI Catheter-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was fever the only sign/symptom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p>	<p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p>	<p>_____</p> <p><input type="checkbox"/> Unk</p>

If the patient had >1 HAI of the same type at the time of the survey, enter below or check Not applicable. Note: This is not common.

HAI	Specific site and infection data	Event date	Secondary BSI	Rx start date	Pathogens	Location of attribution
<input type="checkbox"/> BSI-2	<p>Check one: <input type="checkbox"/>LCBI <input type="checkbox"/>MBI-LCBI Central line-associated? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Check all that apply: <input type="checkbox"/>ECMO <input type="checkbox"/>VAD <input type="checkbox"/>EB <input type="checkbox"/>Self-injection in central line</p> <p><input type="checkbox"/>Munchausen syndrome (factitious disorder)</p> <p><input type="checkbox"/>Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at one of the following vascular sites from which the specimen was collected:</p> <p><input type="checkbox"/>Arterial catheter <input type="checkbox"/>Arteriovenous fistula</p> <p><input type="checkbox"/>Arteriovenous graft <input type="checkbox"/>Atrial lines (Right and Left)</p> <p><input type="checkbox"/>Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/>Peripheral IV or Midline catheter</p> <p><input type="checkbox"/>Intra-aortic balloon pump (IABP) device <input type="checkbox"/>Non-accessed central line (not accessed nor inserted during the admission)</p> <p><input type="checkbox"/>None</p>	<p>____/____/____</p> <p>or <input type="checkbox"/>BH <input type="checkbox"/>Unk</p>	NA	<p>____/____/____</p> <p><input type="checkbox"/>Unk <input type="checkbox"/>None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/>None</p>	<p>_____</p> <p><input type="checkbox"/>Unk</p>
<input type="checkbox"/> SSI-2	<p>Check one: <input type="checkbox"/>SI <input type="checkbox"/>DI <input type="checkbox"/>O/S, site: _____</p> <p>If SI or DI check one: <input type="checkbox"/>Primary incision <input type="checkbox"/>Secondary incision</p> <p>PATOS: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Proc: _____ Proc date: ____/____/____</p>	<p>____/____/____</p> <p>or <input type="checkbox"/>BH <input type="checkbox"/>Unk</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/>Unk <input type="checkbox"/>None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/>None</p>	NA
<input type="checkbox"/> _____-2	<input type="checkbox"/> _____	<p>____/____/____</p> <p>or <input type="checkbox"/>BH <input type="checkbox"/>Unk</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/>Unk <input type="checkbox"/>None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/>None</p>	<input type="checkbox"/> Unk
<input type="checkbox"/> _____-2	<input type="checkbox"/> _____	<p>____/____/____</p> <p>or <input type="checkbox"/>BH <input type="checkbox"/>Unk</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Unk</p>	<p>____/____/____</p> <p><input type="checkbox"/>Unk <input type="checkbox"/>None</p>	<p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/>None</p>	<input type="checkbox"/> Unk

Refer to Operational Manual for HAI type and specific site descriptions and definitions. ECMO=extracorporeal membrane oxygenation. EB=epidermolysis bullosa. VAD=ventricular assist device. Proc=NHSN operative procedure category code. Proc date=operative procedure date. Rx start date=antimicrobial treatment start date. NA=not applicable. PATOS=infection present at time of surgery. BH=before hospital admission. Unk=unknown. SOT=solid organ transplantation. HSCT=hematopoietic stem cell transplantation. IWP=infection window period. HIV=human immunodeficiency virus. ANC=absolute neutrophil count. WBC=white blood cells count.

CDC ID: -

CDCID: -

- 1) Complete the Antimicrobial Susceptibility Table below if one or more of the specified organisms is reported as a pathogen for one or more of the HAIs entered on page 1 and 2 of this form.
- 2) Enter each of the patient's HAI codes (e.g., BSI, PNEU, GI-2, etc.) in the top row of the table in the space(s) indicated.
- 3) Check the box next to any of the organisms below reported as a pathogen for one or more of the patient's HAIs. Antimicrobial susceptibility test results can be entered for each organism for up to 4 different HAIs.
- 4) Circle the appropriate test result for each pathogen/drug combination in the column for the HAI for which the organism was a reported pathogen (S=sensitive/susceptible, S-DD=susceptible dose-dependent, I=intermediate, R=resistant, NS=non-susceptible, N=not tested).

Antimicrobial Susceptibility Table: If NONE of the organisms below are pathogens for any of the patient's HAIs, check here:

Organism	HAI #1: _____, or <input type="checkbox"/> NA		HAI #2: _____, or <input type="checkbox"/> NA		HAI #3: _____, or <input type="checkbox"/> NA		HAI #4: _____, or <input type="checkbox"/> NA	
<input type="checkbox"/> <i>Acinetobacter</i> (any species)	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N	AMPSUL CEFTAZ COL/PB IMI MERO/DORI TIG	S I R N S I R N S I R N S I R N S I R N S I R N
<input type="checkbox"/> <i>Candida albicans</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>Candida glabrata</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>Candida parapsilosis</i>	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N	ANID CASPO FLUCO MICA	S I R N S I R N S S-DD R N S I R N
<input type="checkbox"/> <i>E. coli</i>	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Enterobacter cloacae</i>	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Enterococcus faecalis</i>	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N
<input type="checkbox"/> <i>Enterococcus faecium</i>	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N	DAPTO LNZ VANC	S NS N S I R N S I R N
<input type="checkbox"/> <i>Klebsiella (Enterobacter) aerogenes</i>	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Klebsiella oxytoca</i>	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Klebsiella pneumoniae</i>	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N	ERTA IMI MERO/DORI	S I R N S I R N S I R N
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N	CEFTAZ COL/PB GENT IMI MERO/DORI PIP/PIPTAZ TOBRA	S I R N S I R N S I R N S I R N S I R N S I R N S I R N
<input type="checkbox"/> <i>Staphylococcus aureus</i>	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N	CEFOX/ METH/OX DAPTO LNZ VANC	S I R N S NS N S R N S I R N

Drug codes: AMPSUL=ampicillin/sulbactam, ANID=anidulafungin, CASPO=caspofungin, CEFOX/OX/METH=cefoxitin, oxacillin or methicillin, CEFTAZ=ceftazidime, COL/PB=colistin or polymyxin B, DAPTO=daptomycin, ERTA=ertapenem, FLUCO=fluconazole, GENT=gentamicin, IMI=imipenem, LNZ=linezolid, MERO/DORI=meropenem or doripenem, MICA=micafungin, PIP/PIPTAZ=piperacillin or piperacillin/tazobactam, TIG=tigecycline, TOBRA=tobramycin, VANC=vancomycin

FORM IS COMPLETE