

## HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL USE FORM

CDC ID: \_\_\_\_\_ - \_\_\_\_\_

Survey date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date form completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

- 1) Check here  if no antimicrobials were administered on the survey date or the calendar day prior to the survey date.  
 2) Enter the first date during the hospitalization on which an antimicrobial drug was administered to the patient: \_\_\_\_/\_\_\_\_/\_\_\_\_ or  Unknown.

Drug no.	Drug name	Route	Given on:	Rationale (check all that apply)	First date (mm/dd/yy)	If Rationale=SP only: SP duration (hrs)
1		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
2		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
3		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
4		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
5		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
6		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
7		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
8		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
9		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
10		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
11		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown
12		<input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> PO <input type="checkbox"/> INH	<input type="checkbox"/> Survey date <input type="checkbox"/> Day prior	<input type="checkbox"/> TAI <input type="checkbox"/> NI <input type="checkbox"/> MP <input type="checkbox"/> None <input type="checkbox"/> SP (Proc: _____)	__/__/__	<input type="checkbox"/> ≤24h <input type="checkbox"/> >24 – 48h <input type="checkbox"/> >48h <input type="checkbox"/> Unknown

3) Complete the Antimicrobial Drug Table below for all antimicrobial drugs given on the survey date or the calendar day prior to the survey date. One record should be entered for each drug/route combination (e.g., separate entries for vancomycin IV and vancomycin PO). This is AUF # \_\_\_\_ out of a total of \_\_\_\_ AUFs for this patient.

Abbreviation key: IV=Intravenous, IM=Intramuscular, PO=Oral/enteral, INH=Inhaled, MP=Medical prophylaxis, NI=Non-infectious, SP=Surgical prophylaxis, TAI=Treatment of active infection, None=None documented. Proc=NHSN Operative procedure code for which SP was given.

CDC ID: \_\_\_\_ - \_\_\_\_\_

4) Check here  if no drug/route combinations were given for Rationale = TAI (with or without other Rationales) and go to question #5. Otherwise, complete the Treatment Table for all drugs in the Antimicrobial Drug Table (page 1) for which the Rationale = TAI (with or without other Rationales). Enter the drug no. and name from the Antimicrobial Drug Table. Enter the number of therapeutic sites. Then enter up to 5 clinician-defined therapeutic site codes for each drug. Check "Y" for "SSI" if the infection at the site indicated is a surgical site infection. Otherwise check "N". Check "Y" for "Sepsis" if there is documentation of sepsis due to the infection at the site indicated. Otherwise, check "N". Check "Y" for "COVID-19" if the infection at the site indicated is COVID-19. Otherwise, check "N". Check the infection onset location for each site (multiple onset locations may be checked for each site, although this is not common).

Treatment Table

Drug no.	Drug name	No. therap sites	Therapeutic site #1		Therapeutic site #2		Therapeutic site #3		Therapeutic site #4		Therapeutic site #5	
			Code	Onset	Code	Onset	Code	Onset	Code	Onset	Code	Onset
1			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
2			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
3			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
4			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
5			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
6			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O
7			Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O	Code: _____ SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	<input type="checkbox"/> C <input type="checkbox"/> O

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8			Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L	Code: SSI <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> O Sepsis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> U COVID19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> L

Clinician-defined therapeutic site codes: BJI=Bone and joint infection; BSI=Bloodstream infection; CDI=*Clostridioides difficile* infection; CNS=Central nervous system infection; CVI=Cardiovascular infection other than BSI; DIS=Disseminated, systemic viral infection; ENT=Ears, eyes, nose, throat, mouth (includes upper respiratory) infection; GTI=Gastrointestinal tract infection other than CDI, HEB, or IAB; HEB=Hepatobiliary infection (including pancreas); IAB=Intraabdominal infection other than CDI, GTI or HEB; LRI=Lower respiratory infection other than PNE; PNE=Pneumonia; REP=Reproductive tract infection; SST=Skin, soft tissue or muscle infection; UND=Undetermined infection; UNK=Unknown infection site, UTI=Urinary tract infection.

Infection onset locations: C=Community; H=Survey hospital; L=Long term care/skilled nursing facility; O=Other healthcare facility; U=Unknown onset location.

5) Using information from the tables on pages 1 and 2, check all scenarios below that apply to this patient, and follow the form completion instructions:

- Vancomycin IV for TAI (with or without other Rationales)
- Levofloxacin, ciprofloxacin, moxifloxacin, or delafloxacin for TAI (with or without other Rationales)
- Any drug for TAI (with or without other Rationales) with site code "PNE" with Onset "C"
- Any drug for TAI (with or without other Rationales) with site code "UTI" with Onset "C," "L" or "O"

Complete Antimicrobial Quality Assessment (AQUA) Eligibility Form to determine whether additional AQUA forms are needed.

\*\*\*FORM IS COMPLETE\*\*\*