**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY**

**ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT**

**CDC ID:** **\_\_\_-\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_** **Data collector** **initials: \_\_\_\_\_**

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| **Healthcare exposures** |
| **1. Indicate the location from which the patient was admitted to the survey hospital (check one):**  Private residence Long term care/SNF LTACH Another acute care hospital Homeless Incarcerated  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown |
| **2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply)**:  IV antimicrobials Cancer chemotherapy Wound care Chronic hemodialysis Surgery  None Unknown |
| **3. Was the patient hospitalized in an acute care hospital for ≥2 days in the 90 days prior to this admission?**  Yes No Unknown |
| **Antimicrobial allergies** |
| **4. Is an antimicrobialdrug allergy recorded in the medical record?** Yes No Unknown  **4a. If yes, specify drug class or classes to which patient is allergic, and reaction(s):**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Drug class** | **Nausea, vomiting and/or diarrhea** | **Hives or**  **urticaria** | **Other skin rash** | **Wheezing, throat tightness, trouble breathing** | **Angio-edema**  **or face swelling** | **Anaphylaxis** | **Not specified** | **Other (specify)** | | Penicillins | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Cephalosporins | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Sulfa drugs | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Macrolides | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Fluoroquinolones | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Vancomycin | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | | Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Underlying conditions** |
| **5. Check all that apply:** None:  Unknown:   |  |  | | --- | --- | | AIDS | Kidney stones/nephrolithiasis | | Alcoholism in past year | Leukemia | | Asplenia | Lymphoma or multiple myeloma | | Asthma | MRSA colonization or infection history | | Cerebrovascular disease/stroke (except hemiplegia) | Myocardial infarction | | Chronic cognitive deficit | Neutropenia (absolute neutrophil count <500 cells / µL) | | Chronic kidney disease | Peptic ulcer disease | | Chronic liver disease | Peripheral vascular disease | | Chronic obstructive pulmonary disease (COPD)/emphysema | Pregnancy | | Chronic lung disease (other than COPD/emphysema, asthma) | Recurrent cystitis or urinary tract infection | | Chronic steroid or other immunosuppressive therapy | Sickle cell disease | | Congenital urinary tract abnormality (not VUR) | Smoking in home or living environment (other than patient) | | Congenital heart disease | Smoking in past year (patient) | | Congestive heart failure | Solid tumor malignancy, metastatic (not urologic/renal) | | Connective tissue disease | Solid tumor malignancy, not metastatic (not urologic/renal) | | Cystic fibrosis | Spinal cord injury or paraplegia or quadriplegia | | Dementia | Transplant, hematopoietic stem cell or bone marrow | | Diabetes mellitus with complications | Transplant, solid organ | | Diabetes mellitus without complications | Ureteral stent | | Hemiplegia | Urinary tract abnormality, not otherwise specified | | HIV without AIDS | Urostomy or nephrostomy | | IVDU in past year | Urologic or renal malignancy | |  | Vesicoureteral reflux (VUR) | |
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**CDCID: \_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

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| **Infections present during the hospitalization (Do not use NHSN definitions; use information documented in medical records)** |
| **6. Complete table:** No infections: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **No.** | **Infection (code)** | **Onset date** | **Signs and symptoms documented in medical record**  **(check all that apply)** | | | **Was infection treated with antimicrobials?** | | 1 | ­­­\_\_\_\_\_\_\_\_  SSI? Y  COVID-19? Y | Before hospitalization  Hospital days 1-2  On/after hosp day 3  In hospital, day unk  Unknown | Cough or dyspnea  Diarrhea  Fever  Hypotension  Unknown | Mental status change  Nausea or vomiting  Pain at infection site  Positive imaging  None | Pus, drainage, abscess  Redness or swelling  Urinary frequency  Urinary urgency  Other\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown | | 2 | ­­­\_\_\_\_\_\_\_\_  SSI? Y  COVID-19? Y | Before hospitalization  Hospital days 1-2  On/after hosp day 3  In hospital, day unk  Unknown | Cough or dyspnea  Diarrhea  Fever  Hypotension  Unknown | Mental status change  Nausea or vomiting  Pain at infection site  Positive imaging  None | Pus, drainage, abscess  Redness or swelling  Urinary frequency  Urinary urgency  Other\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown | | 3 | ­­­\_\_\_\_\_\_\_\_  SSI? Y  COVID-19? Y | Before hospitalization  Hospital days 1-2  On/after hosp day 3  In hospital, day unk  Unknown | Cough or dyspnea  Diarrhea  Fever  Hypotension  Unknown | Mental status change  Nausea or vomiting  Pain at infection site  Positive imaging  None | Pus, drainage, abscess  Redness or swelling  Urinary frequency  Urinary urgency  Other\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown | | 4 | ­­­\_\_\_\_\_\_\_\_  SSI? Y  COVID-19? Y | Before hospitalization  Hospital days 1-2  On/after hosp day 3  In hospital, day unk  Unknown | Cough or dyspnea  Diarrhea  Fever  Hypotension  Unknown | Mental status change  Nausea or vomiting  Pain at infection site  Positive imaging  None | Pus, drainage, abscess  Redness or swelling  Urinary frequency  Urinary urgency  Other\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown |   **More infections than fit in the table:**  Infection codes: BJI, BSI, CDI, CNS, CVI, DIS, ENT, GTI, HEB, IAB, LRI, PNE, REP, SST, UND, UNK, UTI |
| **Severity of illness** |
| **7. Was the patient in an ICU at any time during the hospitalization?** Yes No Unknown  **7a. If yes, enter the dates of the first ICU admission during the hospitalization:**  ICU admission date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or Unknown ICU discharge date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or Unknown |
| **8. Complete the table using data from the first 24-hour period of treatment during the hospitalization:** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Parameter** | **First day, CAP treatment:**  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or NA | **First day, IV vancomycin:**  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or NA | **First day, fluoroquinolone:**  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or NA | **First day, UTI treatment**  \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or NA | | **Temperature:** |  |  |  |  | | Highest: | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_ °C °F or Unk | | Lowest: | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_\_ °C °F or Unk | \_\_\_\_\_ °C °F or Unk | | **Heart rate:** |  |  |  |  | | Highest: | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | | Lowest: | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | | **Respiratory:** |  |  |  |  | | Highest resp rate: | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | \_\_\_\_\_\_ bpm or Unk | | Lowest PaCO2: | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | | Mechanical vent: | Yes No Unk | Yes No Unk | Yes No Unk | Yes No Unk | | **WBC count:** |  |  |  |  | | Highest: | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | | Lowest: | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | \_\_\_\_\_\_ cells/mm3 or Unk | | Highest %bands: | \_\_\_\_\_\_ % or Unk | \_\_\_\_\_\_ % or Unk | \_\_\_\_\_\_ % or Unk | \_\_\_\_\_\_ % or Unk | | **Blood pressure:** |  |  |  |  | | Lowest systolic BP: | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | | Lowest mean  arterial pressure: | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | \_\_\_\_\_\_ mmHg or Unk | | On vasopressors: | Yes No Unk | Yes No Unk | Yes No Unk | Yes No Unk | | **Lactate** | \_\_\_\_\_\_ mg/dL mmol/L  or Unk | \_\_\_\_\_\_ mg/dL mmol/L  or Unk | \_\_\_\_\_\_ mg/dL mmol/L  or Unk | \_\_\_\_\_\_ mg/dL mmol/L  or Unk | |

**\*\*\*FORM IS COMPLETE\*\*\* 🡪 *Go to AQUA Forms 3a-3d***