**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3a: VANCOMYCIN**

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

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| **Infections and other antimicrobial drugs** |
| **1. Which infections present during the hospitalization, as reported on the GPA form (question 6), were being treated with vancomycin IV?** [ ] None [ ] Infection no. 1 (site \_\_\_\_\_\_ ) [ ] Infection no. 2 (site \_\_\_\_\_\_ ) [ ] Infection no. 3 (site \_\_\_\_\_\_ ) [ ] Infection no. 4 (site \_\_\_\_\_\_ ) [ ] Infection not listed in table due to >4 infections (site \_\_\_\_\_\_ ) [ ] Unknown  |
| **2. Did the patient receive other antimicrobial drugs in the hospital during the period defined by the date that was 5 days before the first date of vancomycin IV and the date that was 5 days after the last date of vancomycin IV?****[ ]** Yes—complete table below [ ] No [ ] Unknown |
| **2a. Other antimicrobial drugs given in the hospital:** 5 days before vancomycin IV first date\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_5 days after vancomycin IV last date\*\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

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| **No.** | **Drug name** | **First date (mm/dd/yy)** | **First Route** | **Last date (mm/dd/yy)** | **Last Route** |
| 1 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| *2* |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 3 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 4 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 5 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 6 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 7 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 8 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 9 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 10 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 11 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 12 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 13 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 14 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| 15 |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Unk | [ ] IV [ ] IM [ ] PO [ ] INH |
| **\*or admission date if vancomycin IV first date ≤5 days after admission****\*\*or discharge date if vancomycin IV last date ≤5 days before discharge****More drugs than fit in the table: [ ]**  |

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| **Laboratory testing CDC ID:** [ ] [ ] -[ ] [ ] [ ] [ ]  |
| **3. Complete the table for POSITIVE cultures collected from the date 5 days before vancomycin IV first date (5 days before: \_\_\_\_/\_\_\_\_/\_\_\_\_) through the vancomycin IV last date (\_\_\_\_/\_\_\_\_/\_\_\_\_): No positive cultures: [ ]  Culture data unknown: [ ]**  |
|

| **No.** | **Specimen** | **Collect date (mm/dd/yy)** | **Test result final date (mm/dd/yy)** | **Pathogens identified (insert code)** | **Pathogen susceptible to oxacillin, methicillin or cefoxitin?** | **Pathogen susceptible to penicillin or ampicillin?** | **Pathogen susceptible to vancomycin?** | **Antimicrobial drugs given on the DAY AFTER the test result was final** | **Were pathogens susceptible (S) to ≥1 antimicrobial the patient was getting the DAY AFTER the test result was final?** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 2 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 3 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 4 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 5 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 6 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 7 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 8 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 9 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 10 | [ ] Blood [ ] Stool[ ] Urine[ ] Lower resp[ ] Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |

**More positive cultures than fit in the table: [ ]**  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Complete the table for NEGATIVE cultures collected from 5 days before vancomycin IV first date through the vancomycin IV last date:** **No negative cultures: [ ]  Culture data unknown: [ ]**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Collect date****(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** |  | **No.** | **Collect date****(mm/dd/yy)** | **Specimen** | **Culture result final date (mm/dd/yy)** |
| 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 6 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 7 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 8 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 9 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |
| 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |  | 10 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ |

**More negative cultures than fit in the table: [ ]**  |
| **5. Was a MRSA surveillance culture(s) or CIDT done during this admission?** [ ] Yes-culture [ ] Yes-CIDT [ ] No [ ] Unknown**5a. If yes to question 5, were any MRSA surveillance cultures or CIDTs positive for MRSA during this admission?**[ ] Yes-culture [ ] Yes-CIDT [ ] No [ ] Unknown  |
| **6. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date:****No non-culture tests done:** [ ]  **Non-culture test data unknown: [ ]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Collect date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** |
| 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp [ ] Upper resp [ ] Urine [ ] Stool [ ] Other \_\_\_\_\_\_ | [ ] PCR [ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ | [ ] Negative [ ] Unknown[ ] Positive (insert code): Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |

**More tests than fit in the table: [ ]**  |

**CDC ID:** [ ] [ ] -[ ] [ ] [ ] [ ]

**CDC ID:** [ ] [ ] -[ ] [ ] [ ] [ ]

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| **Post-discharge antimicrobial treatment** |
| **7. Was vancomycin IV prescribed at discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge)?**  [ ] Yes [ ] No [ ] Unknown**7a. If yes to question 7, what is the total duration of the post-discharge vancomycin IV prescription?** \_\_\_\_\_ days, OR the prescription end date is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, OR [ ] Duration is unknown**7b. Were any other antimicrobial drugs prescribed at discharge?**[ ] Yes [ ] No [ ] Unknown**7c. If yes to question 7b, what drugs were prescribed?**

|  |  |  |
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| **No.** | **Drug name** | **Route (check all that apply)** |
| 1 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unknown |
| 2 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unknown |
| 3 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unknown |
| 4 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unknown |
| 5 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unknown |

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