**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 3b: FLUOROQUINOLONE**

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

**Drugs given (check all that apply): Ciprofloxacin Levofloxacin Moxifloxacin Delafloxacin**

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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 a fluoroquinolone?**  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 fluoroquinolone and the date that was 5 days after the last date of fluoroquinolone?**  Yes—complete table below  No  Unknown |
| **2a. Other antimicrobial drugs given in the hospital:**  5 days before fluoroquinolone first date\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_  5 days after fluoroquinolone last date\*\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 fluoroquinolone first date ≤5 days after admission**  **\*\*or discharge date if fluoroquinolone last date ≤5 days before discharge**  **\*\*\*Enter separate records for vancomycin IV and vancomycin PO**  **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 fluoroquinolone first date (5 days before: \_\_\_\_/\_\_\_\_/\_\_\_\_) through the fluoroquinolone 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 ciprofloxacin?** | **Pathogen susceptible to levofloxacin?** | **Pathogen susceptible to moxifloxacin?** | **Pathogen susceptible to delafloxacin?** | **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 U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 2 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 3 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 4 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 5 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 6 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 7 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 8 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 9 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | | 10 | Blood Stool  Urine  Lower resp  Other \_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | \_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_  Path2 \_\_\_\_\_\_\_  Path3 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Path1: Y N U  Path2: Y N U  Path3: Y N U | Drug1 \_\_\_\_\_\_\_  Drug2 \_\_\_\_\_\_\_  Drug3 \_\_\_\_\_\_\_  Drug4 \_\_\_\_\_\_\_ | Path1: Y N U  Path2: Y N U  Path3: Y N U |   **More positive cultures than fit in the table:** |

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| **4. Complete the table for NEGATIVE cultures collected from 5 days before fluoroquinolone first date through the fluoroquinolone 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. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone 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:** |
| **IV to PO conversion** |
| **6. Between the fluoroquinolone first date and the fluoroquinolone last date, was there a conversion from IV to PO fluoroquinolone administration? Check one:**  Yes 🡪 Date of conversion from IV to PO administration: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Date unknown  No 🡪 For example, patient received only IV fluoroquinolones, or was switched from PO to IV fluoroquinolones, or was switched from IV to PO to IV.  Not applicable 🡪 Patient received only PO fluoroquinolones.  Unknown |

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| **Post-discharge antimicrobial treatment** |
| **7. Was a fluoroquinolone 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 drug(s) were prescribed? Check all that apply:**   |  |  | | --- | --- | | **Drug** | **Route (check all that apply)** | | Ciprofloxacin | IV PO Unknown | | Levofloxacin | IV PO Unknown | | Moxifloxacin | IV PO Unknown | | Delafloxacin | IV PO Unknown |   **7b. If yes to question 7, what is the total duration of the post-discharge fluoroquinolone prescription?**  \_\_\_\_\_ days, OR the prescription end date is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, OR Duration is unknown  **7c. Were any other antimicrobial drugs prescribed at discharge?**  Yes No Unknown  **7d. If yes to question 7c, what drugs were prescribed?**   |  |  |  | | --- | --- | --- | | **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\*\*\***