





%4a" HMD9G'C: 'B: 97 HCB'5 GGC7-5 H98' K #k: 71 @H F9fGL' f7\ YW' U''h UHdd' nL'
 None  Unknown  Colonized
 Abscess, not skin  Cellulitis  Epidural Abscess  Pyelonephritis  Surgical incision infection
 AV fistula/graft infection  Chronic ulcer/wound (not decubitus)  Meningitis  Septic arthritis  Surgical site infection (internal)
 Bacteremia  Decubitus/pressure ulcer  Osteomyelitis  Septic emboli  Traumatic wound
 Bursitis  Empyema  Peritonitis  Septic shock  Urinary tract infection
 Catheter site infection (CVC)  Endocarditis  Pneumonia  Skin abscess  Other (specify): \_\_\_\_\_

%8" I B89F @MB; '7 CB8 #HCBG: f7\ YW' U''h UHdd' nL'
 None  Unknown
7 <FCB7' @ B; '8 -G95 G9'
 Cystic fibrosis  HIV infection
 Chronic pulmonary disease  AIDS/CD4 count < 200
 Diabetes mellitus  Primary immunodeficiency
 With chronic complications  Transplant, hematopoietic stem cell
 Transplant, solid organ
7 5F8 -CJ5 G7I @F '8 -G95 G9'
 CVA/Stroke/TIA  Ascites
 Congenital heart disease  Cirrhosis
 Congestive heart failure  Hepatic encephalopathy
 Myocardial infarction  Variceal bleeding
 Peripheral vascular disease (PVD)  Hepatitis C
 Treated, in SVR
 Current, chronic
; 5 GHFC-BH9 GH5 @8 -G95 G9
 Diverticular disease  Malignancy, hematologic
 Inflammatory bowel disease  Malignancy, solid organ (non-metastatic)
 Peptic ulcer disease  Malignancy, solid organ (metastatic)
 Short gut syndrome
B9I FC @; '7 CB8 #HCB'
 Cerebral palsy  Chronic cognitive deficit
 Dementia  Epilepsy/seizure/seizure disorder
 Multiple sclerosis  Neuropathy
 Parkinson's disease  Other (specify): \_\_\_\_\_
D@; '5 G'D5 F5 @G-G'
 Hemiplegia  Paraplegia
 Quadriplegia
G? -B' 7 CB8 #HCB'
 Burn  Decubitus/pressure ulcer
 Surgical wound  Other chronic ulcer or chronic wound
 Other (specify): \_\_\_\_\_
CH-9F'
 Connective tissue disease
 Obesity or morbid obesity
 Pregnant
MUGSI CONDITIONS'
 Urinary tract problems/abnormalities
 Premature birth
 Spina bifida
RENAL DISEASE
 Chronic kidney disease
 Lowest serum creatinine: \_\_\_\_\_ mg/DL
 Unknown or not done

19. SUBSTANCE' I G9 OTHER SUBSTANCES: (Check all that apply)'  None  Unknown
8C7I A9BH98' I G9 8 -GCF89F' fB1 8) 561 G9. AC89' C: '89 @J9FM' f7\ YW' U''h UHdd' nL'
SMOKING: f7\ YW' U''h UHdd' nL'  None  Unknown
 Tobacco  E-nicotine delivery system  Marijuana
ALCOHOL ABUSE:  Yes  No  Unknown
 Marijuana, cannabinoid (other than smoking)  Opioid, DEA schedule I (e.g., heroin)  Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)  Opioid, NOS  Cocaine  Methamphetamine  Other (specify): \_\_\_\_\_  Unknown substance
 DUD or abuse  DUD or abuse  DUD or abuse  DUD or abuse  DUD or abuse  DUD or abuse  DUD or abuse  DUD or abuse
 IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown  IDU  Skin popping  Non-IDU  Unknown
DURING THE CURRENT HOSPITALIZATION, DID THE PATIENT RECEIVE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER?  Yes  No  N/A (patient not hospitalized or did not have DUD)

20. F-G? : 57 HCFG. f7\ YW' U''h UHdd' nL'
 None  Unknown
K 5 G'-B7 -89BHGD97 -A9B7C @7H98' 'CF'ACF975 @B85F'  Yes  No
85 MG'5: H9F' <CGD'45 @58A -GG-CB3
DF9J-CI G' <CGD'45 @N5 HCB' -B' H'K'9' M95F'69: CF9' 8 -G7:  Yes  No  Unknown
IF YES, DATE OF DISCHARGE CLOSEST TO DISC: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
OR, DATE UNKNOWN 
Facility ID: \_\_\_\_\_
CJ9FB7 <HGH5M-B' @H7: 'B' H'K'9' M95F'69: CF9' 8 -G7:  Yes  No  Unknown
Facility ID: \_\_\_\_\_
CJ9FB7 <HGH5M-B' @H57 <'B' H'K'9' M95F'69: CF9' 8 -G7:  Yes  No  Unknown
Facility ID: \_\_\_\_\_
G' F; 9FM-B' H'K'9' M95F'69: CF9' 8 -G7:  Yes  No  Unknown
71 FF9BH7 <FCB7' 8-5 @G-G'  Yes  No  Unknown
IF YES, TYPE:  Hemodialysis  Peritoneal  Unknown
IF HEMODIALYSIS, TYPE OF VASCULAR ACCESS:
 AV fistula/graft  Hemodialysis central line  Unknown
79BHF5 @B9' -B'D@79' CB'H'K'9' 8 -G7' fI D'HC' H'K'9' HA9' C: '7C @7HCB'ZCF' 5H5 BMHA9' -B' H'K'9' & 75 @B85F'
85 MG'69: CF9' 8 -G7.  Yes  No  Unknown
Check here if central line in place for > 2 calendar days:
I F-B5FM75H-K9H9F' -B'D@79' CB'H'K'9' 8 -G7' fI D'HC' H'K'9' HA9' C: '7C @7HCB'ZCF' 5H5 BMHA9' -B' H'K'9' & 75 @B85F' 85 MG'69: CF9' 8 -G7.  Yes  No  Unknown
IF YES, CHECK ALL THAT APPLY:
 Indwelling Urethral Catheter  Suprapubic Catheter
 Condom Catheter  Other (specify): \_\_\_\_\_
5 BMCH-9F' -B8K9 @B; '89J-9' -B'D@79' CB'H'K'9' 8 -G7' fI D'HC' H'K'9' HA9' C: '7C @7HCB'ZCF' 5H5 BMHA9' -B' H'K'9' & 75 @B85F' 85 MG'69: CF9' 8 -G7.  Yes  No  Unknown
IF YES, CHECK ALL THAT APPLY:
 ET/NT Tube  Gastrostomy Tube  NG Tube
 Tracheostomy  Nephrostomy Tube  Other (specify): \_\_\_\_\_
PATIENT TRAVELED INTERNATIONALLY IN THE YEAR BEFORE DISC:  Yes  No  Unknown
COUNTRY: \_\_\_\_\_
PATIENT HOSPITALIZED WHILE VISITING COUNTRY(IES) ABOVE:  Yes  No  Unknown

&1U" K97 <H' \_\_\_\_\_ lbs. \_\_\_\_\_ oz. OR \_\_\_\_\_ kg'  Unknown
&1V" <97 <H' \_\_\_\_\_ ft. \_\_\_\_\_ in. OR \_\_\_\_\_ cm '  Unknown
&1W' 6A= SSSSSSSSS  Unknown



IFB971 @H F9G' CB@M &2" F97CF8 'H<9' 7C@CBM7 CI BH.

IFB971 @H F9G'CB@M & . G= BG5B8 'GMADHCAG'5GGC7-5H98 'K <K' I F-B9 71 @H F9"

Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before through the 2 calendar days after the DISC.

- BcbY □ I\_b\_bck b □ Costovertebral angle pain or tenderness □ Frequency □ Dysuria □ Suprapubic tenderness □ Fever [temperature ≥ 100.4 °F (38 °C)] □ Urgency □ Apnea □ Bradycardia □ Lethargy □ Vomiting

&4U" =G5BH A7FC6-5 @I G9'fW'CF CF5 @-B'H<9' '\$85MG69: CF9'H<9'8<G7'8C7I A9BH983' □ Yes □ No □ Unknown

&4V" = 'M9GZ7 <9? '5 @@5BH A7FC6-5 @G1 G98 '-B'H<9' '\$85MG69: CF9'H<9'8<G7 . f7\ YW'U''h UhUdd'ntL'..... □ Unknown

- Amikacin □ Cefazolin □ Cefdinir □ Cefepime □ Cefiderocol □ Cefixime □ Cefotaxime □ Cefoxitin □ Cefpodoxime □ Ceftaroline □ Ceftriaxone □ Cefuroxime □ Cephalixin □ Ciprofloxacin □ Clarithromycin □ Clindamycin □ Dalbavancin □ Daptomycin □ Delafloxacin □ Doripenem □ Doxycycline □ Ertapenem □ Eravacycline □ Fidaxomicin □ Fosfomycin □ Gentamicin □ Imipenem/cilastatin □ Levofloxacin □ Linezolid □ Meropenem □ Meropenem/vaborbactam □ Metronidazole □ Moxifloxacin □ Nitrofurantoin □ Omadacycline □ Oritavancin □ Penicillin □ Piperacillin/tazobactam □ Polymyxin B □ Polymyxin E (colistin) □ Rifaximin □ Tedizolid □ Telavancin □ Tigecycline □ Tobramycin □ Trimethoprim □ Trimethoprim/sulfamethoxazole □ Vancomycin □ IV □ PO □ Other (specify): □ Other (specify):

REMINDER: Any prior antimicrobial use that is not noted above should be documented in the other (specify) field.

&5a" DID 'H<9' D5H9BH HAVE A POSITIVE TEST(S) FOR 'G5FGI7 cJ1& fA C @71 @ F'5 G65 MZG9 FC @; MCF' CH<9F'7CB: -F A5 HCFMH9GH'CB'CF' 69: CF9'H<9'8<G7 3'

&5b. IF YES, COMPLETE TABLE BELOW:

- Yes □ No □ Unknown

Table with 3 columns: Test description, Specimen collection date, Test type. Rows for 'FIRST positive test for SARS-CoV-2 on or before the DISC' and 'MOST RECENT positive test for SARS-CoV-2 on or before the DISC'.

&5W7 CJ-8 IB9H75 G9' -8.

&5X" BB8 GG-8 g'fD @5 G9' DFCJ-89'5H' @5 GH'CB9' C: 'H<9' : C @C'K -B; 'K <9B'5 DD @7 5 6 @L

@WU'cUgY-8. @WU'rYw6fX'-8. GHUH'VUgY'X'YbHjZ'Yf. @[ UWHVUgY'X'YbHjZ'Yf. CDC 2019-nCoV ID:

&6U" K 5 G'H<9' -B7 -8 9BH GD97 -A9B' DC @MA -7 FC6-5 @

&6c" IF TESTED, WHAT TESTING METHOD WAS USED3 (Check all that apply):

&6d" IF TESTED, WHAT WAS THE RESULT:

- Yes □ No □ Unknown

26b. WAS THE INCIDENT SPECIMEN TESTED FOR ESBL PRODUCTION OR OTHER BETA-LACTAMASE GENES?

- Yes □ No □ Laboratory not testing □ Unknown

- Broth Microdilution (ATi detection) □ ESBL well □ Expert rule (ATi flag) □ Unknown □ Broth Microdilution (Manual) □ Disk Diffusion □ E-test □ Molecular test (specify): □ Gene variant (specify): □ Other non-molecular test (specify):

- Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown □ Positive □ Negative □ Indeterminate □ Unknown



2+ "GI G7 9DH6 =GHMF9GI @HG.

Please complete the table below based on the information found in the indicated data source. Shaded antibiotics are required to have the MIC entered into the MuGSI-CM system, if available

8 UH Gci fVW	Medical Record		Microscan		Vitek		Phoenix		Sensititre		Kirby-Bauer		E-test	
5 bhjVchjW	A 7	... bhfd	A 7	... bhfd	A 7	... bhfd	A 7	... bhfd	MIC	Interp	Zone Diam	Interp	MIC	Interp
5 a j_UWj b														
5 a cl jW j b#`Uj i`UbUH Y														
5 a d jW j b														
5 a d jW j b#Gi`VUWUa														
5 nf YcbUa														
7 YZUnc`j b														
7 9: 9D=A9														
7 YZXYfcVc`														
7 9: CH5 L=A9														
7 YZ: l j j b														
7 9: H5 N8=A9														
7 YZUhjXja Y# j jVUWUa														
7 YZc`cnUbY#HuncVUWUa														
7 9: HF=5 LCB9														
7 Yd\ Uch j b														
7 jdfcZcl UWj b														
7 C @GH=B														
8 CF=D9 B9 A														
8 cl nWVj bY														
9 fUj UWVj bY														
9 FH5 D9 B9 A														
: cgZ: a nVj b														
; YbHLa jVj b														
=A=D9 B9 A														
=a j dYbYa !fY VUWUa														
@j cZcl UWj b														
A9 FCD9 B9 A														
A YfcdYbYa !j UVcfVUWUa														
A jbcWVj bY														
B jfcZ fUhc j b														
Ca UXUWVj bY														
D j dYf UWj b#HuncVUWUa														
D`Unca jVj b														
DC @MML-B`6														
F jZLa d j b														
HYf UWVj bY														
H; 97 M7 @B9														
Hc VfLa nVj b														
Trimethoprim-sulfamethoxazole														

28a. WAS CASE FIRST IDENTIFIED THROUGH AUDIT?  Yes  No

28b. CRF STATUS:  Complete  Pending  Chart unavailable after 3 requests

28c. SO INITIALS: \_\_\_\_\_

28d. DATE OF ABSTRACTION: \_\_\_\_\_

28e. COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_