**Cross walk - 2022 form changes**

**HAIC**

1. **HAIC: Multi-site Gram-Negative Surveillance Initiative (MuGSI-CRE/CRAB) (Attachment #3)**

Note: Change for the updated 2022 CRF are highlighted in yellow.

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| **Question on 2021 form** | **Question on 2022 form** |
| Patient identifier information   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Patient’s name: | | | Phone no.: | | | Address: | | | MRN: | | | City: | State: | Zip code: | | Hospital: | | Patient identifier information   |  |  |  | | --- | --- | --- | | Patient’s name: | Phone no.: | | | Address: | MRN: | | | Address type: | | Hospital: | |
| 23c. Chest radiology findings (check all that apply   Not done   No report available   Acute respiratory distress syndrome (ARDS)   Air space density/opacity   Ground glass opacities/infiltrates   Bronchopneumonia/pneumonia   Cannot rule out pneumonia   Cavitation   Consolidation   Infiltrate   Pleural effusion   Nodules | 23c. Chest radiology findings (check all that apply   Not done   No report available   Acute respiratory distress syndrome (ARDS)   Air space density/opacity   Ground glass opacities/infiltrates   Bronchopneumonia/pneumonia   Cannot rule out pneumonia   Cavitation   Consolidation   Infiltrate   Pleural effusion   Nodules   No evidence of pneumonia |
| 24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or before the DISC?   Yes   No   Unknown | 24a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) in the year before or day of the DISC?   Yes   No   Unknown |
| 24b. If yes, complete table below:   |  |  |  | | --- | --- | --- | |  | Specimen collection date | Test type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | | 24b. If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:   |  |  | | --- | --- | | Specimen collection date | Test type | | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | |
| 29b. CRF Status   Complete   Pending   Chart unavailable after 3 requests | 29b. CRF Status   Complete   Pending   Chart unavailable after 3 requests   Complete – Pending Data |

1. **HAIC: Multi-site Gram-Negative Surveillance Initiative ─ Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (MuGSI-ESBL) (Attachment #4)**

Note: Change for the updated 2022 CRF are highlighted in yellow.

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| --- | --- |
| **Question on 2021 form** | **Question on 2022 form** |
| Patient identifier information     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Patient’s name: | | | Phone no.: | | | Address: | | | MRN: | | | City: | State: | Zip code: | | Hospital: | | Patient identifier information     |  |  |  | | --- | --- | --- | | Patient’s name: | Phone no.: | | | Address: | MRN: | | | Address type: | | Hospital: | |
| 24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) □ Unknown    □ Amikacin  □ Amoxicillin  □  Amoxicillin/clavulanic acid  □  Ampicillin  □  Ampicillin/sulbactam  □  Azithromycin  □  Aztreonam  □  Cefazolin  □  Cefdinir  □  Cefepime  □  Cefiderocol  □  Cefixime  □  Cefotaxime  □  Cefoxitin  □  Cefpodoxime  □  Ceftaroline  □ Ceftazidime  □ Ceftazidime/avibactam  □ Ceftizoxime  □ Ceftolozane/tazobactam  □ Ceftriaxone  □ Cefuroxime  □ Cephalexin  □ Ciprofloxacin  □ Clarithromycin  □ Clindamycin  □ Dalbavancin  □ Daptomycin  □ Delafloxacin  □ Doripenem  □  Doxycycline  □  Eravacycline  □  Ertapenem  □  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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 24b. IF YES, CHECK ALL ANTIMICROBIALS USED IN THE 30 DAYS BEFORE THE DISC: (Check all that apply) □ Unknown    □ Amikacin  □ Amoxicillin  □  Amoxicillin/clavulanic acid  □  Ampicillin  □  Ampicillin/sulbactam  □  Azithromycin  □  Aztreonam  □  Cefadroxil  □  Cefazolin  □  Cefdinir  □  Cefepime  □  Cefiderocol  □  Cefixime  □  Cefotaxime  □  Cefoxitin  □  Cefpodoxime  □  Ceftaroline  □ Ceftazidime  □ Ceftazidime/avibactam  □ Ceftizoxime  □ Ceftolozane/tazobactam  □ Ceftriaxone  □ Cefuroxime  □ Cephalexin  □ Ciprofloxacin  □ Clarithromycin  □ Clindamycin  □ Dalbavancin  □ Daptomycin  □ Delafloxacin  □ Doripenem  □  Doxycycline  □  Eravacycline  □  Ertapenem  □  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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 25a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) on or before the DISC?  ð Yes  ð No  ð Unknown | 25a. Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, serology, or other confirmatory test) in the year before or day of the DISC?  ð Yes  ð No  ð Unknown |
| 25b. If yes, complete table below:     |  |  |  | | --- | --- | --- | |  | Specimen collection date | Test type | | FIRST positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | | MOST RECENT positive test for SARS-Cov-2 on or before the DISC: | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | | 25b. If yes, complete the table below for the most recent positive SARS-CoV-2 test in the year before or day of the DISC:     |  |  | | --- | --- | | Specimen collection date | Test type | | \_\_/\_\_/\_\_\_\_  □ Unknown | □ Molecular assay  □ Antigen  □ Serology  □ Unknown  □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_ | |
| 28b. CRF STATUS:  ð Complete  ð Complete-Pending  ð Pending  ð Chart unavailable after 3 requests | 28b. CRF STATUS:  ð Complete  ð Complete-Pending  ð Pending  ð Chart unavailable after 3 requests |