**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM**

|  |  |  |
| --- | --- | --- |
| **CDC ID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]** **Data collector initials:** \_\_\_\_\_\_\_\_\_\_\_ | **Survey date:**[ ] [ ] /[ ] [ ] /[ ] [ ]  | **Date form completed:** [ ] [ ] /[ ] [ ] /[ ] [ ]  |

**Enter the TOTAL no. of HAIs for this patient \_\_\_\_\_\_\_\_\_\_. If no HAIs, check here: [ ] None and the form is complete.**

| **HAI** | **Specific site and infection data** | **Event date** | **Secondary BSI** | **Rx start date** | **Pathogens** | **Location of attribution** |
| --- | --- | --- | --- | --- | --- | --- |
| [ ] **BJ** | **Check one:** [ ] BONE [ ] DISC [ ] JNT [ ] PJI | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **BSI** | **Check one:** [ ] LCBI [ ] MBI-LCBI **Central line-associated?** [ ] Yes [ ] No **Check all that apply:** [ ] ECMO [ ] VAD [ ] EB [ ] Self-injection in central line [ ] Munchausen syndrome (factitious disorder)[ ] Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected:  [ ] Arterial catheter [ ] Arteriovenous fistula  [ ] Arteriovenous graft [ ] Atrial lines (Right and Left)  [ ] Hemodialysis reliable outflow (HERO) catheter [ ] Peripheral IV or Midline catheter [ ] Intra-aortic balloon pump (IABP) device [ ] Non-accessed central line (not accessed nor  inserted during the admission)[ ] None  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | *NA* | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **CNS** | **Check one:** [ ] IC [ ] MEN [ ] SA  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **CVS** | **Check one:** [ ] CARD [ ] ENDO [ ] MED [ ] VASC  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **EENT** | **Check one:** [ ] CONJ [ ] EAR [ ] EYE [ ] ORAL [ ] SINU [ ] UR | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **GI** | **Check one:** [ ] CDI [ ] GE [ ] GIT [ ] IAB [ ] NEC**If CDI, which C. diff tests were performed (check all that apply)?** [ ] Unknown[ ] GDH EIA 🡪 [ ] Positive [ ] Negative [ ] Unknown[ ] Toxin EIA 🡪 [ ] Positive [ ] Negative [ ] Unknown [ ] Combined GDH EIA and Toxin EIA 🡪 [ ] Positive [ ] Intermediate [ ] Negative [ ] Unknown [ ] NAAT 🡪 [ ] Positive [ ] Negative [ ] Unknown[ ] Cell cytotoxicity neutralization assay (CCNA) 🡪 [ ] Positive [ ] Negative [ ] Unknown[ ] Toxigenic culture 🡪 [ ] Positive [ ] Negative [ ] Unknown**If CDI, which test was the LAST test result placed in the medical record?**[ ] GDH EIA [ ] Toxin EIA [ ] NAAT [ ] CCNA [ ] Toxigenic culture [ ] Unknown | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **LRI** | **Check one:** [ ] LUNG | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **PNEU** | **Check one:** [ ] PNU1 [ ] PNU2 [ ] PNU3 **Ventilator-associated?** [ ] Yes [ ] No **If PNU 2/3, check specimen types that apply:** [ ] BAL [ ] ETA [ ] PSB [ ] Sputum [ ] Blood [ ] Pleural fluid [ ] Lung tissue [ ] Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_**If PNU3: check conditions that apply:** [ ] SOT, date: \_\_\_/\_\_\_/\_\_\_ or [ ]  Date unk[ ] HSCT, date: \_\_\_/\_\_\_/\_\_\_ or [ ]  Date unk [ ] Low-dose steroids [ ] High-dose steroids [ ] Splenectomy [ ] HIV positive with CD4 count <200 [ ] ANC or WBC <500/mm3 [ ] Cytotoxic chemotherapy  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **REPR** | **Check one:** [ ] EMET [ ] EPIS  [ ] OREP [ ] VCUF  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **SSI**  | **Proc:** \_\_\_\_\_\_ **Proc date:** \_\_\_\_/\_\_\_\_/\_\_\_\_**Check one:** [ ] SI [ ] DI [ ] O/S, site: \_\_\_\_\_\_\_\_**If SI or DI check one:** [ ] Primary incision [ ] Secondary incision**PATOS:** [ ] Yes [ ] No  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | *NA* |
| [ ] **SST** | **Check one:** [ ] BRST [ ] BURN [ ] CIRC [ ] DECU [ ] SKIN [ ] ST [ ] UMB | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **UTI** | **Check one:** [ ] SUTI [ ] ABUTI [ ] USI **Catheter-associated?** [ ] Yes [ ] No **Was fever the only sign/symptom?** [ ] Yes [ ] No [ ] Unknown [ ] Not applicable  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |

**If the patient had >1 HAI *of the same type* at the time of the survey, enter below or check [ ] Not applicable. Note: *This is not common.***

| **HAI** | **Specific site and infection data** | **Event date** | **Secondary** **BSI** | **Rx start date** | **Pathogens** | **Location of attribution** |
| --- | --- | --- | --- | --- | --- | --- |
| [ ] **BSI-2** | **Check one:** [ ] LCBI [ ] MBI-LCBI **Central line-associated?** [ ] Yes [ ] No **Check all that apply:** [ ] ECMO [ ] VAD [ ] EB [ ] Self-injection in central line [ ] Munchausen syndrome (factitious disorder) [ ] Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at one of the following vascular sites from which the specimen was collected:  [ ] Arterial catheter [ ] Arteriovenous fistula  [ ] Arteriovenous graft [ ] Atrial lines (Right and Left)  [ ] Hemodialysis reliable outflow (HERO) catheter [ ] Peripheral IV or Midline catheter [ ] Intra-aortic balloon pump (IABP) device [ ] Non-accessed central line (not accessed nor  inserted during the admission)[ ] None | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | *NA* | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] **SSI-2** | **Check one:** [ ] SI [ ] DI [ ] O/S, site: \_\_\_\_\_\_\_\_**If SI or DI check one:** [ ] Primary incision [ ] Secondary incision**PATOS:** [ ] Yes [ ] No **Proc:** \_\_\_\_\_\_ **Proc date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | *NA* |
| [ ] \_\_\_-2 | [ ] \_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |
| [ ] \_\_\_-2 | [ ] \_\_\_\_\_\_\_  | \_\_\_\_/\_\_\_\_/\_\_\_\_or [ ] BH [ ] Unk | [ ] Yes [ ] No [ ] Unk | \_\_\_\_/\_\_\_\_/\_\_\_[ ] Unk [ ] None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_3: \_\_\_\_\_\_\_ or [ ] None | \_\_\_\_\_\_\_\_\_[ ] Unk |

**Refer to Operational Manual for HAI type and specific site descriptions and definitions. ECMO=extracorporeal membrane oxygenation. EB=epidermolysis bullosa. VAD=ventricular assist device. Proc=NHSN operative procedure category code. Proc date=operative procedure date. Rx start date=antimicrobial treatment start date. NA=not applicable. PATOS=infection present at time of surgery. BH=before hospital admission. Unk=unknown. SOT=solid organ transplantation. HSCT=hematopoietic stem cell transplantation. IWP=infection window period. HIV=human immunodeficiency virus. ANC=absolute neutrophil count. WBC=white blood cells count.**

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

**CDCID:** **[ ] [ ]** -**[ ] [ ] [ ] [ ] [ ]**

1. **Complete the Antimicrobial Susceptibility Table below if one or more of the specified organisms is reported as a pathogen for one or more of the HAIs entered on page 1 and 2 of this form.**
2. **Enter each of the patient’s HAI codes (e.g., BSI, PNEU, GI-2, etc.) in the top row of the table in the space(s) indicated.**
3. **Check the box next to any of the organisms below reported as a pathogen for one or more of the patient’s HAIs. Antimicrobial susceptibility test results can be entered for each organism for up to 4 different HAIs.**
4. **Circle the appropriate test result for each pathogen/drug combination in the column for the HAI for which the organism was a reported pathogen (S=sensitive/susceptible, S-DD=susceptible dose-dependent, I=intermediate, R=resistant, NS=non-susceptible, N=not tested).**

**Antimicrobial Susceptibility Table: If NONE of the organisms below are pathogens for any of the patient’s HAIs, check here: [ ]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organism** | **HAI #1: \_\_\_\_\_\_\_, or [ ] NA** | **HAI #2: \_\_\_\_\_\_\_, or [ ] NA** | **HAI #3: \_\_\_\_\_\_\_, or [ ] NA** | **HAI #4: \_\_\_\_\_\_\_, or [ ] NA** |
| ***[ ] Acinetobacter (any species)*** | **AMPSUL****CEFTAZ****COL/PB** **IMI** **MERO/DORI** **TIG**  | S I R N S I R N S I R N S I R NS I R NS I R N | **AMPSUL****CEFTAZ****COL/PB** **IMI** **MERO/DORI** **TIG**  | S I R N S I R N S I R N S I R NS I R NS I R N | **AMPSUL****CEFTAZ****COL/PB** **IMI** **MERO/DORI** **TIG**  | S I R N S I R N S I R N S I R NS I R NS I R N | **AMPSUL****CEFTAZ****COL/PB** **IMI** **MERO/DORI** **TIG**  | S I R N S I R N S I R N S I R NS I R NS I R N |
| ***[ ] Candida albicans*** | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  |
| ***[ ] Candida glabrata*** | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  |
| ***[ ] Candida parapsilosis*** | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  | **ANID** **CASPO****FLUCO****MICA** | S I R N S I R N S S-DD R NS I R N  |
| ***[ ] E. coli*** | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N |
| ***[ ] Enterobacter cloacae*** | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N |
| ***[ ] Enterococcus faecalis*** | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N |
| ***[ ] Enterococcus faecium*** | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N | **DAPTO** **LNZ** **VANC** | S NS NS I R N S I R N |
| ***[ ] Klebsiella (Enterobacter) aerogenes*** | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N |
| ***[ ] Klebsiella oxytoca*** | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N |
| *[ ]* ***Klebsiella pneumoniae*** | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N | **ERTA** **IMI****MERO/DORI** | S I R N S I R NS I R N |
| *[ ]* ***Pseudomonas aeruginosa*** | **CEFTAZ****COL/PB****GENT****IMI****MERO/DORI****PIP/PIPTAZ****TOBRA** | S I R N S I R NS I R N S I R NS I R NS I R N S I R N  | **CEFTAZ****COL/PB****GENT****IMI****MERO/DORI****PIP/PIPTAZ****TOBRA** | S I R N S I R NS I R N S I R NS I R NS I R N S I R N  | **CEFTAZ****COL/PB****GENT****IMI****MERO/DORI****PIP/PIPTAZ****TOBRA** | S I R N S I R NS I R N S I R NS I R NS I R N S I R N  | **CEFTAZ****COL/PB****GENT****IMI****MERO/DORI****PIP/PIPTAZ****TOBRA** | S I R N S I R NS I R N S I R NS I R NS I R N S I R N  |
| *[ ]* ***Staphylococcus aureus*** | **CEFOX/****METH/OX****DAPTO****LNZ****VANC** | S I R NS NS NS R NS I R N | **CEFOX/****METH/OX****DAPTO****LNZ****VANC** | S I R NS NS NS R NS I R N | **CEFOX/****METH/OX****DAPTO****LNZ****VANC** | S I R NS NS NS R NS I R N | **CEFOX/****METH/OX****DAPTO****LNZ****VANC** | S I R NS NS NS R NS I R N |

**Drug codes: AMPSUL=ampicillin/sulbactam, ANID=anidulafungin, CASPO=caspofungin, CEFOX/OX/METH=cefoxitin, oxacillin or methicillin, CEFTAZ=ceftazidime, COL/PB=colistin or polymyxin B, DAPTO=daptomycin, ERTA=ertapenem, FLUCO=fluconazole, GENT=gentamicin, IMI=imipenem, LNZ=linezolid, MERO/DORI=meropenem or doripenem, MICA=micafungin, PIP/PIPTAZ=piperacillin or piperacillin/tazobactam, TIG=tigecycline, TOBRA=tobramycin, VANC=vancomycin**

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