HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM

3a: VANCOMYCIN

CDC ID: ☐☐-☐☐☐☐☐ **Date:** ☐☐/☐☐/☐☐ **Data collector initials:** _____

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 <u>in the hospital</u> 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 <u>in the hospital</u>:

5 days <u>before</u> vancomycin IV first date*: ___ / ___ / _____
5 days <u>after</u> vancomycin IV 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 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: ☐

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 ☐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	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	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	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	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	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	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	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	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	Drug1 _____ Drug2 _____ Drug3 _____ Drug4 _____	Path1: ☐Y ☐N ☐U Path2: ☐Y ☐N ☐U Path3: ☐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	☐ PCR ☐ DFA	☐ Legionella ☐ Cdiff ☐ RSV ☐ Pneumococcus ☐ Adeno	☐ Negative ☐ Unknown ☐ Positive (insert code):

		☐ Urine ☐ Stool ☐ Other _____	☐ Antigen test ☐ Other_____	☐ Influenza ☐ hMPV ☐ Paraflu ☐ Other _____	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: ☐☐-☐☐☐☐

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?

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

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