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

Form Approved

OMB No. **0920-0852**

Exp. Date 03/31/2025

|  |  |  |
| --- | --- | --- |
| **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/ECLS VAD EB Self-injection in central line Hemodialysis catheter  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 **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 |
| **USI** | **Check one:** USI | \_\_\_\_/\_\_\_\_/\_\_\_\_  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** | **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* |
| \_\_\_-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** |
| **Gram-negative** | | | | |
| ***Acinetobacter (any species)*** | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N |
| ***E. coli*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N |
| ***Enterobacter cloacae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N |
| ***Klebsiella (Enterobacter) aerogenes***  ***Klebsiella oxytoca***  ***Klebsiella pneumoniae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N |
| ***Pseudomonas aeruginosa*** | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N |
| ***Gram-positive*** | | | | |
| ***Staphylococcus aureus*** | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N |
| ***Enterococcus faecalis***  ***Enterococcus faecium*** | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N |
| **Fungal** | | | | |
| ***Candida glabrata*** | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N |

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

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