



| HAI                           | Specific site and infection data   | Event date   | Secondary BSI   | Rx start date   | Pathogens   | Location of attribution                          |
|-------------------------------|--|--|---|---|---|--|
| <input type="checkbox"/> GI   | <p>Check one: <input type="checkbox"/> CDI <input type="checkbox"/> GE <input type="checkbox"/> GIT <input type="checkbox"/> IAB <input type="checkbox"/> NEC</p> <p>If CDI, which C. diff tests were performed (check all that apply)? <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> GDH EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Toxin EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Combined GDH EIA and Toxin EIA → <input type="checkbox"/> Positive <input type="checkbox"/> Intermediate <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> NAAT → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Cell cytotoxicity neutralization assay (CCNA) → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Toxigenic culture → <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p>If CDI, which test was the LAST test result placed in the medical record?</p> <p><input type="checkbox"/> GDH EIA <input type="checkbox"/> Toxin EIA <input type="checkbox"/> NAAT <input type="checkbox"/> CCNA <input type="checkbox"/> Toxigenic culture <input type="checkbox"/> Unknown</p> | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> LRI  | <p>Check one: <input type="checkbox"/> LUNG</p>  | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> PNEU | <p>Check one: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3      Ventilator-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If PNU 2/3, check specimen types that apply: <input type="checkbox"/> BAL <input type="checkbox"/> ETA <input type="checkbox"/> PSB <input type="checkbox"/> Sputum <input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Pleural fluid <input type="checkbox"/> Lung tissue <input type="checkbox"/> Other, specify: _____</p> <p>If PNU3: check conditions that apply: <input type="checkbox"/> SOT, date: ____/____/____ or <input type="checkbox"/> Date unk</p> <p><input type="checkbox"/> HSCT, date: ____/____/____ or <input type="checkbox"/> Date unk <input type="checkbox"/> Low-dose steroids <input type="checkbox"/> High-dose steroids</p> <p><input type="checkbox"/> Splenectomy <input type="checkbox"/> HIV positive with CD4 count &lt;200 <input type="checkbox"/> ANC or WBC &lt;500/mm<sup>3</sup></p> <p><input type="checkbox"/> Cytotoxic chemotherapy</p>  | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> REPR | <p>Check one: <input type="checkbox"/> EMET <input type="checkbox"/> EPIS <input type="checkbox"/> OREP <input type="checkbox"/> VCUF</p>  | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> SSI  | <p>Proc: _____ Proc date: ____/____/____</p> <p>Check one: <input type="checkbox"/> SI <input type="checkbox"/> DI <input type="checkbox"/> O/S, site: _____</p> <p>If SI or DI check one: <input type="checkbox"/> Primary incision <input type="checkbox"/> Secondary incision</p> <p>PATOS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>NA</p>  |
| <input type="checkbox"/> SST  | <p>Check one: <input type="checkbox"/> BRST <input type="checkbox"/> BURN <input type="checkbox"/> CIRC <input type="checkbox"/> DECU <input type="checkbox"/> SKIN <input type="checkbox"/> ST <input type="checkbox"/> UMB</p>   | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> UTI  | <p>Check one: <input type="checkbox"/> SUTI <input type="checkbox"/> ABUTI      Catheter-associated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was fever the only sign/symptom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p>  | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |
| <input type="checkbox"/> USI  | <p>Check one: <input type="checkbox"/> USI</p>   | <p>____/____/____</p> <p>or <input type="checkbox"/> BH <input type="checkbox"/> Unk</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unk</p> | <p>____/____/____</p> <p><input type="checkbox"/> Unk <input type="checkbox"/> None</p> | <p>1: _____ 2: _____</p> <p>3: _____ or <input type="checkbox"/> None</p> | <p>_____</p> <p><input type="checkbox"/> Unk</p> |



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 <input type="checkbox"/> NA  | HAI #2: _____, or <input type="checkbox"/> NA  | HAI #3: _____, or <input type="checkbox"/> NA  | HAI #4: _____, or <input type="checkbox"/> NA  |
|---|--|--|--|--|
| <b>Gram-negative</b>  |  |  |  |  |
| <input type="checkbox"/> <i>Acinetobacter</i><br>(any species)      | AMPSUL MERO/DORI<br>S I R N S I R N<br>CEFTAZ CEFEP<br>S I R N S I R N<br>COL/PB PIPTAZ<br>S I R N S I R N<br>IMI<br>S I R N                             | AMPSUL MERO/DORI<br>S I R N S I R N<br>CEFTAZ CEFEP<br>S I R N S I R N<br>COL/PB PIPTAZ<br>S I R N S I R N<br>IMI<br>S I R N                             | AMPSUL MERO/DORI<br>S I R N S I R N<br>CEFTAZ CEFEP<br>S I R N S I R N<br>COL/PB PIPTAZ<br>S I R N S I R N<br>IMI<br>S I R N                             | AMPSUL MERO/DORI<br>S I R N S I R N<br>CEFTAZ CEFEP<br>S I R N S I R N<br>COL/PB PIPTAZ<br>S I R N S I R N<br>IMI<br>S I R N                             |
| <input type="checkbox"/> <i>E. coli</i>                             | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N |
| <input type="checkbox"/> <i>Enterobacter cloacae</i>                | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N |
| <input type="checkbox"/> <i>Klebsiella (Enterobacter) aerogenes</i> | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N |
| <input type="checkbox"/> <i>Klebsiella oxytoca</i>                  | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N |
| <input type="checkbox"/> <i>Klebsiella pneumoniae</i>               | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N | ERTA PIPTAZ<br>S I R N S I R N<br>IMI IMIREL<br>S I R N S I R N<br>MERO/DORI MERVAB<br>S I R N S I R N<br>CEFEP<br>S I R N<br>CIPRO/LEVO/MOXI<br>S I R N |
| <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>              | CEFTAZ MERO/DORI<br>S I R N S I R N<br>COL/PB PIP/PIPTAZ<br>S I R N S I R N<br>GENT TOBRA<br>S I R N S I R N<br>IMI<br>S I R N                           | CEFTAZ MERO/DORI<br>S I R N S I R N<br>COL/PB PIP/PIPTAZ<br>S I R N S I R N<br>GENT TOBRA<br>S I R N S I R N<br>IMI<br>S I R N                           | CEFTAZ MERO/DORI<br>S I R N S I R N<br>COL/PB PIP/PIPTAZ<br>S I R N S I R N<br>GENT TOBRA<br>S I R N S I R N<br>IMI<br>S I R N                           | CEFTAZ MERO/DORI<br>S I R N S I R N<br>COL/PB PIP/PIPTAZ<br>S I R N S I R N<br>GENT TOBRA<br>S I R N S I R N<br>IMI<br>S I R N                           |
| <b>Gram-positive</b>  |  |  |  |  |
| <input type="checkbox"/> <i>Staphylococcus aureus</i>               | CEFOX/METH/OX LNZ<br>S I R N S R<br>N<br>DAPTO VANC<br>S NS N S I R<br>N   | CEFOX/METH/OX LNZ<br>S I R N S R N<br>DAPTO VANC<br>S NS N S I R N   | CEFOX/METH/OX LNZ<br>S I R N S R N<br>DAPTO VANC<br>S NS N S I R N   | CEFOX/METH/OX LNZ<br>S I R N S R N<br>DAPTO VANC<br>S NS N S I R N   |

|   |  |                                    |  |                                    |  |                                    |  |                                    |
|---|--|------------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> <i>Enterococcus faecalis</i> | DAPTO<br>SNS S-DDRN<br>N                                 | VANC<br>S I R                      | DAPTO<br>SNS S-DDRN<br>LNZ<br>S I R N                    | VANC<br>S I R N                    | DAPTO<br>SNS S-DDRN<br>LNZ<br>S I R N                    | VANC<br>S I R N                    | DAPTO<br>SNS S-DDRN<br>LNZ<br>S I R N                    | VANC<br>S I R N                    |
| <input type="checkbox"/> <i>Enterococcus faecium</i>  |  |                                    |  |                                    |  |                                    |  |                                    |
| <b>Fungal</b>   |  |                                    |  |                                    |  |                                    |  |                                    |
| <input type="checkbox"/> <i>Candida glabrata</i>      | ANID<br>S I R N<br>CASPO<br>S I R N<br>FLUCO<br>S S-DDRN | MICA<br>S I R N<br>VORI<br>S I R N | ANID<br>S I R N<br>CASPO<br>S I R N<br>FLUCO<br>S S-DDRN | MICA<br>S I R N<br>VORI<br>S I R N | ANID<br>S I R N<br>CASPO<br>S I R N<br>FLUCO<br>S S-DDRN | MICA<br>S I R N<br>VORI<br>S I R N | ANID<br>S I R N<br>CASPO<br>S I R N<br>FLUCO<br>S S-DDRN | MICA<br>S I R N<br>VORI<br>S I 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\*\*\*