**HAI & ANTIMICROBIAL USE PREVALENCE SURVEY**

Form Approved

OMB No. **0920-0852**

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**ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT**

 **CDC ID:** **\_\_\_-\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_** **Data collector** **initials: \_\_\_\_\_**

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| --- |
| **Healthcare exposures** |
| **1. Indicate the location from which the patient was admitted to the survey hospital (check one):** [ ] Private residence [ ] Long term care/SNF [ ] LTACH [ ] Another acute care hospital [ ] Homeless [ ] Incarcerated [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Unknown |
| **2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply)**:**[ ]** IV antimicrobials **[ ]** Cancer chemotherapy **[ ]** Wound care [ ] Chronic hemodialysis [ ] Surgery [ ] None [ ] Unknown [ ] COVID-19 specific treatment  |
| **3. Was the patient hospitalized in an acute care hospital for ≥2 days in the 90 days prior to this admission?**[ ] Yes [ ] No [ ] Unknown |
| **Antimicrobial allergies** |
| **4. Is an antimicrobialdrug allergy recorded in the medical record?** [ ] Yes [ ] No [ ] Unknown**4a. If yes, specify drug class or classes to which patient is allergic, and reaction(s):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug class** | **Nausea, vomiting and/or diarrhea** | **Hives or****urticaria** | **Other skin rash** | **Wheezing, throat tightness, trouble breathing** | **Angio-edema****or face swelling** | **Anaphylaxis** | **Not specified** | **Other (specify)** |
| [ ] Penicillins | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Cephalosporins | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Sulfa drugs | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Macrolides | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Fluoroquinolones | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Vancomycin | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes | [ ] Yes\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Underlying conditions**  |
| **5. Check all that apply:** None: [ ]  Unknown: [ ]

|  |  |
| --- | --- |
| [ ] AIDS | [ ] Kidney stones/nephrolithiasis |
| [ ] Alcoholism in past year | [ ] Leukemia |
| [ ] Asplenia | [ ] Lymphoma or multiple myeloma |
| [ ] Asthma | [ ] MRSA colonization or infection history |
| [ ] Cerebrovascular disease/stroke (except hemiplegia) | [ ] Myocardial infarction |
| [ ] Chronic cognitive deficit | [ ] Neutropenia (absolute neutrophil count <500 cells / µL) |
| [ ] Chronic kidney disease | [ ] Peptic ulcer disease |
| [ ] Chronic liver disease | [ ] Peripheral vascular disease |
| [ ] Chronic obstructive pulmonary disease (COPD)/emphysema | [ ] Pregnancy |
| [ ] Chronic lung disease (other than COPD/emphysema, asthma) | [ ] Recurrent cystitis or urinary tract infection |
| [ ] Chronic steroid or other immunosuppressive therapy | [ ] Sickle cell disease |
| [ ] Congenital urinary tract abnormality (not VUR) | [ ] Smoking in home or living environment (other than patient) |
| [ ] Congenital heart disease | [ ] Smoking in past year (patient) |
| [ ] Congestive heart failure | [ ] Solid tumor malignancy, metastatic (not urologic/renal) |
| [ ] Connective tissue disease | [ ] Solid tumor malignancy, not metastatic (not urologic/renal) |
| [ ] Cystic fibrosis | [ ] Spinal cord injury or paraplegia or quadriplegia |
| [ ] Dementia | [ ] Transplant, hematopoietic stem cell or bone marrow |
| [ ] Diabetes mellitus with complications | [ ] Transplant, solid organ |
| [ ] Diabetes mellitus without complications | [ ] Ureteral stent |
| [ ] Hemiplegia | [ ] Urinary tract abnormality, not otherwise specified |
| [ ] HIV without AIDS | [ ] Urostomy or nephrostomy |
| [ ] IVDU in past year  | [ ] Urologic or renal malignancy |
|  | [ ] Vesicoureteral reflux (VUR) |

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**CDCID: \_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

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| **Infections present during the hospitalization (Do not use NHSN definitions; use information documented in medical records)** |
| **6. Complete table:** No infections: **[ ]**  |
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| --- | --- | --- | --- | --- |
| **No.** | **Infection (code)** | **Onset date** | **Signs and symptoms documented in medical record** **(check all that apply)** | **Was infection treated with antimicrobials?** |
| 1 | ­­­\_\_\_\_\_\_\_\_SSI? [ ] YCOVID-19? [ ] Y | [ ] Before hospitalization[ ] Hospital days 1-2[ ] On/after hosp day 3[ ] In hospital, day unk[ ] Unknown | [ ] Cough or dyspnea[ ] Diarrhea[ ] Fever[ ] Hypotension [ ] Unknown | [ ] Mental status change[ ] Nausea or vomiting[ ] Pain at infection site[ ] Positive imaging [ ] None | [ ] Pus, drainage, abscess[ ] Redness or swelling[ ] Urinary frequency[ ] Urinary urgency[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes[ ] No[ ] Unknown |
| 2 | ­­­\_\_\_\_\_\_\_\_SSI? [ ] YCOVID-19? [ ] Y | [ ] Before hospitalization[ ] Hospital days 1-2[ ] On/after hosp day 3[ ] In hospital, day unk[ ] Unknown | [ ] Cough or dyspnea[ ] Diarrhea[ ] Fever[ ] Hypotension [ ] Unknown | [ ] Mental status change[ ] Nausea or vomiting[ ] Pain at infection site[ ] Positive imaging [ ] None | [ ] Pus, drainage, abscess[ ] Redness or swelling[ ] Urinary frequency[ ] Urinary urgency[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes[ ] No[ ] Unknown |
| 3 | ­­­\_\_\_\_\_\_\_\_SSI? [ ] YCOVID-19? [ ] Y | [ ] Before hospitalization[ ] Hospital days 1-2[ ] On/after hosp day 3[ ] In hospital, day unk[ ] Unknown | [ ] Cough or dyspnea[ ] Diarrhea[ ] Fever[ ] Hypotension [ ] Unknown | [ ] Mental status change[ ] Nausea or vomiting[ ] Pain at infection site[ ] Positive imaging [ ] None | [ ] Pus, drainage, abscess[ ] Redness or swelling[ ] Urinary frequency[ ] Urinary urgency[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes[ ] No[ ] Unknown |
| 4 | ­­­\_\_\_\_\_\_\_\_SSI? [ ] YCOVID-19? [ ] Y | [ ] Before hospitalization[ ] Hospital days 1-2[ ] On/after hosp day 3[ ] In hospital, day unk[ ] Unknown | [ ] Cough or dyspnea[ ] Diarrhea[ ] Fever[ ] Hypotension [ ] Unknown | [ ] Mental status change[ ] Nausea or vomiting[ ] Pain at infection site[ ] Positive imaging [ ] None | [ ] Pus, drainage, abscess[ ] Redness or swelling[ ] Urinary frequency[ ] Urinary urgency[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes[ ] No[ ] Unknown |

**More infections than fit in the table: [ ]** Infection codes: BJI, BSI, CDI, CNS, CVI, DIS, ENT, GTI, HEB, IAB, LRI, PNE, REP, SST, UND, UNK, UTI |
| **Severity of illness** |
| **7. Was the patient in an ICU at any time during the hospitalization?** [ ] Yes [ ] No [ ] Unknown**7a. If yes, enter the dates of the first ICU admission during the hospitalization:** ICU admission date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown ICU discharge date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown |
| **8. Complete the table using data from the first 24-hour period of treatment during the hospitalization:** |
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| --- | --- | --- | --- | --- |
| **Parameter**  | **First day, CAP treatment:**\_\_\_\_ / \_\_\_\_ / \_\_\_\_ or [ ] NA | **First day, IV vancomycin:**\_\_\_\_ / \_\_\_\_ / \_\_\_\_ or [ ] NA | **First day, fluoroquinolone:**\_\_\_\_ / \_\_\_\_ / \_\_\_\_ or [ ] NA  | **First day, UTI treatment**\_\_\_\_ / \_\_\_\_ / \_\_\_\_ or [ ] NA |
| **Temperature:**  |  |  |  |  |
| Highest: | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk |
| Lowest: | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk | \_\_\_\_\_ [ ] °C [ ] °F or [ ] Unk |
| **Heart rate:**  |  |  |  |  |
| Highest: | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk |
| Lowest: | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk |
| **Respiratory:** |  |  |  |  |
| Highest resp rate:  | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk | \_\_\_\_\_\_ bpm or [ ] Unk |
| Lowest PaCO2: | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk |
| Mechanical vent: | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk |
| **Blood pressure:** |  |  |  |  |
| Lowest systolic BP: | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk |
| Lowest mean arterial pressure: | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk | \_\_\_\_\_\_ mmHg or [ ] Unk |
| On vasopressors: | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk | [ ] Yes [ ] No [ ] Unk |
| **WBC count:** |  |  |  |  |
| Highest: | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk |
| Lowest: | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk | \_\_\_\_\_\_ cells/mm3 or [ ] Unk |
| Highest %bands: | \_\_\_\_\_\_ % or [ ] Unk | \_\_\_\_\_\_ % or [ ] Unk | \_\_\_\_\_\_ % or [ ] Unk | \_\_\_\_\_\_ % or [ ] Unk |
| **Lactate**  | \_\_\_\_\_\_ [ ] mg/dL [ ] mmol/L or [ ] Unk | \_\_\_\_\_\_ [ ] mg/dL [ ] mmol/L or [ ] Unk | \_\_\_\_\_\_ [ ] mg/dL [ ] mmol/L or [ ] Unk | \_\_\_\_\_\_ [ ] mg/dL [ ] mmol/L or [ ] Unk |

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**\*\*\*FORM IS COMPLETE\*\*\* 🡪 *Go to AQUA Forms 3a-3d***