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

Form Approved

OMB No. **0920-0852**

Exp. Date 03/31/2025

**FORM 3c: CAP**

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

|  |
| --- |
| **Clinical information** |
| 1. **Check any of the following ICD-10 codes that were present on admission for this patient:** [ ] None [ ] Unknown

[ ] J09.X1 [ ] J09.X2 [ ] J09.X3 [ ] J10.00 [ ] J10.01 [ ] J10.08 [ ] J10.1 [ ] J10.2 [ ] J10.81 [ ] J10.82 [ ] J10.83 [ ] J10.89 [ ] J11.00 [ ] J11.08 [ ]  J11.1 [ ]  J11.2 [ ]  J11.81 [ ] J11.82 [ ] J11.83 [ ]  J11.89 [ ] J12.0 [ ] J12.1 [ ] J12.2 [ ] J12.3 [ ] J12.81 [ ] J12.89 [ ] J12.9 [ ] J13 [ ] J14 [ ] J15.0 [ ] J15.1 [ ] J15.3 [ ] J15.4 [ ] J15.20 [ ] J15.211 [ ] J15.212 [ ] J15.29 [ ] J15.5 [ ] J15.6 [ ] J15.7 [ ] J15.8 [ ] J15.9 [ ] J16.0 [ ] J16.8 [ ] J18.0 [ ] J18.1 [ ] J18.9 [ ] A48.1 [ ] Other (specify):**\_\_\_\_\_** |
| **2. CAP onset date (mm/dd/yy):** \_\_\_ / \_\_\_ /\_\_\_ or [ ] Prior to survey hospitalization but specific date unknown [ ] Unable to determine |
| **3. CAP signs and symptoms in first 2 hospital days; check all that apply:** [ ] None  |
| [ ] Fever [ ] Chills or rigors[ ] Cough[ ] Dyspnea[ ] O2 saturation < 90%[ ] Sore throat | [ ] Increased secretions/sputum production [ ] Hemoptysis[ ] Chest pain[ ] Mental status changes or functional decline [ ] Apnea[ ] Rhinorrhea | [ ] Grunting[ ] Nasal flaring[ ] Head bobbing[ ] Chest wall retractions[ ] Wheezing[ ] Muscle aches |
| **4. Did the patient require mechanical ventilation at any time during the hospitalization?** [ ] Yes [ ] No [ ] Unknown |
| **4a. If yes, was the patient removed from mechanical ventilation before hospital discharge?** [ ] Yes, clinical status improved [ ] Yes, removed from mechanical ventilation for end-of-life care (or for reasons other than improvement)[ ] No [ ] Unknown |
| **5. Complete the chest imaging table, recording studies done in the first 5 hospital days (\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_):** **No imaging studies done: [ ]  Unknown whether imaging studies were done: [ ]**  |
|

|  |  |  |
| --- | --- | --- |
|  | **Date (mm/dd/yy)** | **Findings on chest imaging studies** |
| 1 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Bronchopneumonia/pneumonia[ ] New or worsening infiltrates[ ] Infiltrate, single lobe | [ ] Air space density/opacity[ ] No evidence of pneumonia[ ] Infiltrate, multiple lobes | [ ] Consolidation [ ] Cavitation[ ] Pleural effusion | [ ] Cannot rule out pneumonia[ ] None of these |
| 2 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Bronchopneumonia/pneumonia[ ] New or worsening infiltrates[ ] Infiltrate, single lobe | [ ] Air space density/opacity[ ] No evidence of pneumonia[ ] Infiltrate, multiple lobes | [ ] Consolidation [ ] Cavitation[ ] Pleural effusion | [ ] Cannot rule out pneumonia[ ] None of these |
| 3 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Bronchopneumonia/pneumonia[ ] New or worsening infiltrates[ ] Infiltrate, single lobe | [ ] Air space density/opacity[ ] No evidence of pneumonia[ ] Infiltrate, multiple lobes | [ ] Consolidation [ ] Cavitation[ ] Pleural effusion | [ ] Cannot rule out pneumonia[ ] None of these |
| 4 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Bronchopneumonia/pneumonia[ ] New or worsening infiltrates[ ] Infiltrate, single lobe | [ ] Air space density/opacity[ ] No evidence of pneumonia[ ] Infiltrate, multiple lobes | [ ] Consolidation [ ] Cavitation[ ] Pleural effusion | [ ] Cannot rule out pneumonia[ ] None of these |
| 5 | \_\_\_ / \_\_\_ / \_\_\_ | [ ] Bronchopneumonia/pneumonia[ ] New or worsening infiltrates[ ] Infiltrate, single lobe | [ ] Air space density/opacity[ ] No evidence of pneumonia[ ] Infiltrate, multiple lobes | [ ] Consolidation [ ] Cavitation[ ] Pleural effusion | [ ] Cannot rule out pneumonia[ ] None of these |

 |

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

|  |
| --- |
| **Antimicrobial drug treatment** |
| **6. Was the patient receiving antimicrobial treatment for this episode of CAP before the survey hospitalization?** [ ] Yes [ ] No [ ] Unknown |
| **7. CAP treatment during the survey hospitalization:****First date (mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown **Last date** **(mm/dd/yy):** \_\_\_\_ / \_\_\_\_ /\_\_\_\_ or [ ] Unknown  |
| **8. Complete the table for all antimicrobial drugs given to treat CAP during the survey hospitalization:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

**More than 5 antimicrobial drugs were given to treat CAP:** [ ]  |
| **8a. Did the patient receive other antimicrobial drugs in the hospital during the CAP treatment period?****[ ]** Yes—complete table below in 8b. [ ] No [ ] Unknown**8b. Other antimicrobial drugs given in the hospital (during the CAP treatment period defined by the dates in #7):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
| **\*Enter separate records for vancomycin IV and vancomycin PO.**  **More drugs than fit in the table: [ ]**  |

**9. Were antimicrobial drugs prescribed at hospital discharge (i.e., prescribed to be administered to the patient for additional days after hospital discharge) to treat CAP or for other reasons?**  [ ] Yes [ ] No [ ] Unknown**9a. Antimicrobial drugs prescribed at discharge for CAP or other reasons (enter CAP drugs first):**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Drug name** | **Route (check all that apply)** | **Indication (check all that apply)**  |
| 1 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] CAP [ ] Other [ ] Unknown |
| 2 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] CAP [ ] Other [ ] Unknown |
| 3 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] CAP [ ] Other [ ] Unknown |
| 4 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] CAP [ ] Other [ ] Unknown |
| 5 |  | [ ] IV [ ] IM [ ] PO [ ] INH [ ] Unk | [ ] CAP [ ] Other [ ] Unknown |

**More drugs than fit in the table: [ ]** **9b. If antimicrobials were prescribed at discharge for CAP, what was the total duration of the post-discharge CAP treatment?** \_\_\_\_\_ days, OR the prescription end date is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, OR [ ] Duration is unknown  |

|  |
| --- |
| **Laboratory testing**  |
| **10. Complete table below for POSITIVE cultures collected in the first 5 hospital days:** **No positive cultures: [ ]  Culture data unknown: [ ]**  |
|

| **No.** | **Specimen** | **Collect date (mm/dd/yy)** | **Culture result final date (mm/dd/yy)** | **Pathogens identified (insert codes)** | **Culture growth quantity\* for lower respiratory cultures only** | **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 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 2 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 3 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 4 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 5 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 6 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 7 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |
| 8 | [ ] Sputum [ ] Blood [ ] ETA [ ] Urine[ ] BAL [ ] Stool[ ] Upper resp[ ] Other \_\_\_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | \_\_\_\_ / \_\_\_ / \_\_\_ | Path1 \_\_\_\_\_\_\_\_Path2 \_\_\_\_\_\_\_\_Path3 \_\_\_\_\_\_\_\_ | Path1: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath2: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] UnkPath3: [ ] ≥104 CFU/ml or similar [ ] <104 or similar [ ] Unk | Drug1 \_\_\_\_\_\_\_\_Drug2 \_\_\_\_\_\_\_\_Drug3 \_\_\_\_\_\_\_\_Drug4 \_\_\_\_\_\_\_\_ | Path1: [ ] Y [ ] N [ ] UPath2: [ ] Y [ ] N [ ] UPath3: [ ] Y [ ] N [ ] U |

**More positive cultures than fit in the table: [ ]**  ETA=endotracheal aspirate (or tracheal aspirate). BAL=bronchoalveolar lavage (includes bronchial lavage, mini-BAL). \*Check “≥104 CFU/ml or similar” if quantity of growth in the culture is reported to be as follows: moderate, many, heavy, abundant, etc. Check “<104 or similar” if quantity of growth in the culture is reported to be <104 CFU/ml or as follows: few, scarce, scant, rare, etc. Check “unknown” if no organism quantity is noted in the culture report. |

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

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

|  |
| --- |
| **11. During the first 5 hospital days, did the patient have a Gram stain of lower respiratory secretions (sputum, BAL, ETA, etc.)?** [ ] Yes [ ] No [ ] Unknown**11a. If yes, did the Gram stain report indicate the following:**[ ] Heavy, 4+, or ≥25 neutrophils (or white blood cells) per low power field [x100] [ ] Rare, occasional, few, 1+ or 2+, or ≤10 squamous epithelial cells per low power field [x100][ ] Neither of the above[ ] Unknown |
| **12. Complete the table for NEGATIVE cultures collected during the first 5 hospital days:** **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: [ ]**  |
| **13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:** **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 \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] 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 \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code):Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |
| 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | [ ] Blood [ ] Lower resp[ ] Upper resp[ ] Urine [ ] Stool[ ] Other \_\_\_\_\_\_ | [ ] PCR[ ] DFA[ ] Antigen test[ ] Other\_\_\_\_\_ | [ ] Legionella [ ] Cdiff [ ] RSV[ ] Pneumococcus [ ] Adeno[ ] Influenza [ ] hMPV [ ] Paraflu[ ] Other \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code):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 \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] 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 \_\_\_\_\_\_\_\_ [ ] SARS-CoV-2 | [ ] Negative [ ] Unknown[ ] Positive (insert code):Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_Path3\_\_\_\_\_\_\_ |

**More tests than fit in the table: [ ]**  |
| **14. Did the patient have any of the following blood test results during the first 2 hospital days?** **Check all that apply, or** [ ] None.[ ] Arterial pH < 7.35 [ ] BUN > 30 mg/dL (11 mmol/L) [ ] Glucose > 250 mg/dL [ ] PaO2 < 60 mmHg [ ] Sodium < 130 mmol/L [ ] Hematocrit < 30% |

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