



Primary Bloodstream Infection (BSI)

Page 1 of 5

*required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Sex at Birth: F M Unknown	Gender Identity (Specify):
Ethnicity (Specify):	Race (Specify):
*Event Type: BSI	*Date of Event:
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*MDRO Infection Surveillance:

Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:
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Risk Factors

<p>*If ICU/Other locations, Central line: Yes No</p> <p>*If Specialty Care Area/Oncology,</p> <p style="padding-left: 20px;">Permanent central line: Yes No</p> <p style="padding-left: 20px;">Temporary central line: Yes No</p> <p>*If NICU, Central line, including umbilical catheter Yes No</p> <p>Birth weight (grams)</p>	<p>Check all that apply:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Known or suspected Munchausen Syndrome by Proxy during current admission</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Observed or suspected patient injection into vascular line(s) within the BSI infection window period</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Epidermolysis bullosa during current admission</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> *Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Atrial lines (Right and Left) <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device <input type="checkbox"/> Non-accessed central line (not accessed inserted during the admission) <input type="checkbox"/> Peripheral IV or Midline catheter <p>Location of Device Insertion: _____</p> <p>Date of Device Insertion: ___ / ___ / _____</p>
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Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.108 (Front) Rev. 11 v9.4

Event Details		
*Specific Event: Laboratory-confirmed		
*Specify Criteria Used:		
<u>Signs & Symptoms</u> (check all that apply)		
<u>Any Patient</u>	<u>≤ 1 year old</u>	<u>Underlying conditions for MBI-LCBI (check all that apply):</u>
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GVHD
<input type="checkbox"/> Chills	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Allo-SCT with diarrhea
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Apnea	<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm ³)
	<input type="checkbox"/> Bradycardia	
		<u>Laboratory (check one)</u>
		<input type="checkbox"/> Recognized pathogen from one or more blood specimens
		<input type="checkbox"/> Common commensal from ≥ 2 blood specimens
**Died: Yes No		BSI Contributed to Death: Yes No
Discharge Date:		*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.
*COVID-19: Yes No		

Pathogen #	Gram-positive Organisms																																
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Pathogen #	Gram-negative Organisms (continued)									
	___ <i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/ AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	CEFTAV I SIRN		
	___ <i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO/ MOXI SIRN	COL/PB [†] IRN	DORI/IMI/ MERO SIRN	DOXY/MINO/ TETRA SIRN	ERTA SIRN		
	___ <i>Klebsiella aerogenes</i>	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN		
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTAZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN		
		COL/PB SIRN	DORI/IMI/MERO SIRN	GENT SIRN	PIPTAZ SIRN	TOBRA SIRN				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO SIRN	FLUCO SS-DDR N	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
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Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent
N = Not tested

[§] GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

[†] Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ = ceftazidime	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX = ceftoxitin	ERTA = ertapenem	MINO = minocycline	

CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	
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Custom Fields

Label		Label	
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Comments