Form Approved
OMB No. 0920-0666
Exp. Date: 01/31/2021
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MDRO or CDI Infection Event

*Required for saving Facility ID:	**Required for completion Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):

Event Details

*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific from]		*Date of Event:
Post Procedure Event: Yes No		Date of Procedure:
MDRO/CDI Infection Surveillance: Yes	NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*Specific Organism Type: (Select up to 3) ☐ MRSA ☐ MSSA ☐ VRE ☐ CephR-*Klebsiella*
☐ CRE-*E. coli* ☐ CRE-*Enterobacter* ☐ CRE-*Klebsiella* ☐ MDR-*Acinetobacter* ☐ *C. difficile*

*Date Admitted to Facility:	*Location:

*Specific Event Type (used only for CDC defined events):

Specify Criteria Used (check all that apply)

Signs and Symptoms

☐ Abscess ☐ Heat ☐ Dysuria
☐ Apnea ☐ Hypotension ☐ Fever
☐ Bradycardia ☐ Hypothermia ☐ Bilious aspirate
☐ Cough ☐ Lethargy ☐ Erythema or redness
☐ Vomiting ☐ Nausea ☐ Suprapubic tenderness
☐ Abdominal distension
☐ Pain or tenderness
☐ Drainage or material+
☐ Wheezing, rales or rhonchi
☐ Diarrhea+
☐ Swelling or inflammation
☐ Occult or gross blood in stools (with no rectal fissure)
☐ Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)
☐ Surgical evidence of pneumatosis intestinalis with or without intestinal perforation
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam +
☐ Other signs and symptoms+

Laboratory or Diagnostic Testing

☐ Organism(s) identified
☐ Not cultured
☐ Organism(s) identified from blood specimen+
☐ Other positive laboratory tests+
☐ > 15 colonies cultured from IV cannula tip using semiquantitative culture method
☐ Pneumatosis intestinalis by radiograph
☐ Portal venous gas (Hepatobiliary gas) by radiograph
☐ Pneumoperitoneum by radiograph
☐ Imaging test evidence of infection+

Clinical Diagnosis

☐ Physician diagnosis of this event type+
☐ Physician institutes appropriate antimicrobial therapy+

+ Per specific site criteria

***Clostridioides difficile* Infection**

*Admitted to ICU for CDI complications: Yes No	*Surgery for CDI complications: Yes No
* Secondary Bloodstream Infection: Yes No	
**Died: Yes No	Event contributed to death? Yes No
Discharge Date: ____/____/_____	*Pathogens Identified: Yes No If yes, specify on Page 2

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Pathogen #	Gram-positive Organisms							
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N						
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N	**LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N	
Pathogen #	Gram-negative Organisms							
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N	
		TMZ S I R N	**TOBRA** S I R N					
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N		**AZT** S I R N	**CEFAZ** S I R N	**CEFEP** S I/S-DD R N
		CEFOT/CEFTRX S I R N	**CEFTAZ** S I R N	**CEFUR** S I R N	**CEFOX/CETET** S I R N		**CIPRO/LEVO/MOXI** S I R N	**COL/PB**[†] S R N
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N	**MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N				

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Pathogen #	Gram-negative Organisms (*continued*)						
_______	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N	**GENT** S I R N

Pathogen #	Fungal Organisms							
_______	*Candida* (specify species if available) ________	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R N	**ITRA** S S-DD R N	**MICA** S NS N	**VORI** S S-DD R N

Pathogen #	Other Organisms									
_______	Organism 1 (specify) ________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) ________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N
_______	Organism 1 (specify) ________	____ Drug 1 S I R N	____ Drug 2 S I R N	____ Drug 3 S I R N	____ Drug 4 S I R N	____ Drug 5 S I R N	____ Drug 6 S I R N	____ Drug 7 S I R N	____ Drug 8 S I R N	____ Drug 9 S I R N

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 have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= cefazolin	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= cefoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label		Label	
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Comments

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Custom Fields