![NHSN National Healthcare Safety Network]

Respiratory Tract Infection Event

*Required for saving

*Facility ID:	Event #:

*Resident ID:	Secondary ID:	Medicare #:

Resident Name, Last:	First:	Middle:

*Gender: M F Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Date of First Admission to Facility	*Date of Current Admission to Facility

Event Details

*Event Type: RTI	*Date of Event:
*Resident Care Location	

*Primary Resident Service Type (check one)

☐ Long-term general nursing ☐ Long-term dementia ☐ Skilled nursing/Short-term rehab   ☐ Ventilator

☐ Long-term psychiatric ☐ Bariatric   ☐ Hospice/Palliative

*Ventilator: YES   NO   Date of Device Insertion: Location of Device Insertion:

*Imaging: Was a Chest X-Ray Performed: ☐ YES   ☐ NO

Findings: ☐ New infiltrate   ☐ New Consolidation   ☐ Other findings consistent with pneumonia   ☐ Negative

*Specify Criteria Used *(check all that apply)*

<u>Constitutional Signs and Symptoms:</u>

Fever: which of the following were documented
  ☐ Single temperature > 37.8º C (>100º F)
  ☐ Repeated temperatures >37.2º C (99º F)
  ☐ Single temperature >1.1º C (2º F) over baseline
  ☐ Term "fever" documented without value
	Any acute change in mental status from baseline
	  ☐ Fluctuating: behavior fluctuating
	  ☐ Inattention: difficulty focusing attention
	  ☐ Confusion/disorganized thinking
	  ☐ Altered consciousness

Acute functional decline: increase in assistance with activities of daily living (ADL) from baseline:
☐ Bed mobility ☐ Dressing ☐ Eating   ☐ Toilet Use   ☐ Transfer   ☐ Personal hygiene   ☐ Locomotion within the facility

Leukocytosis*: documentation of at least <u>one</u> of the following*
☐ Neutrophilia >10,000 leukocytes per/ml^3 (enter value) _____ ☐ Left shift (6% bands or ≥ 1,500 bands/mm3)

<u>Respiratory Signs and Symptoms:</u>

Decreased oxygenation: *documentation of at least <u>one</u> of the following*
☐ Pulse oximetry with single O2 saturation < 94%   ☐ Pulse oximetry with single O_2 saturation with reduction of >3%
☐ Resident newly placed on oxygen

☐ Respiratory rate >24 breaths per minute   ☐ New onset hypotension   ☐ Pulse >100 ☐ Rigors or chills   ☐ Malaise
☐ New onset hypothermia   ☐ Myalgia or body aches   ☐ Loss of appetite or decreased oral intake

☐ New or increased cough   ☐ New or increase sputum production ☐ Pleuritic chest pain   ☐ Runny nose or sneezing
☐ Abnormal lung exam (new or changed)   ☐ Stuffy nose   ☐ Sore throat, difficulty swallowing, hoarseness
☐ Headache or eye pain   ☐ Swollen or tender glands in the neck ☐ No documented respiratory signs or symptoms

<u>Laboratory/Diagnostic</u>

☐ Positive flu PCR   ☐ Positive legionella urinary antigen testing   ☐ Positive S. pneumonia urinary antigen   ☐ Positive sputum culture

*Specific Event Type (check one): ☐ PNA 1   ☐ PNA 2   ☐ PNA 3   ☐ LRI 1   ☐ LRI 2

*Secondary Bloodstream Infection: Yes   No

Died: Yes No	Event contributed to death? Yes No
*Transferred to acute care facility within 7 days: Yes No	*Pathogens Identified: Yes No *If yes, specify on Page 2

NHSN National Healthcare Safety Network

Respiratory Tract Infection Event

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				

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/xxxx
www.cdc.gov/NHSN

![NHSN National Healthcare Safety Network logo]

Respiratory Tract Infection Event

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 · **GENT** 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	

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	

NHSN National Healthcare Safety Network

Respiratory Tract Infection Event

Custom Fields

Label

_____ ____/____/____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

Label

_____ ____/____/____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

_____ _____

_

Comments

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/xxxx
www.cdc.gov/NHSN

NHSN
National Healthcare
Safety Network

Custom Fields