Form Approved
OMB No.
Exp. Date:
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Primary Bloodstream Infection (BSI)

*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:

Risk Factors

*If ICU/Other locations, Central line: Yes No

*If Specialty Care Area/Oncology,

Permanent central line: Yes No
Temporary central line: Yes No

*If NICU, Central line, including umbilical catheter
Yes No

Birth weight (grams)

Check all that apply:

Yes☐ No☐ *Any hemodialysis catheter present

Yes☐ No☐ *Extracorporeal life support present (ECLS or ECMO)

Yes☐ No☐ *Ventricular-assist device (VAD) present

Yes☐ No☐ *Known or suspected Munchausen Syndrome by Proxy during current admission

Yes☐ No☐ *Observed or suspected patient injection into vascular line(s) within the BSI infection window period

Yes☐ No☐ *Epidermolysis bullosa during current admission

Yes☐ No☐ *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:

☐ Arterial catheter

☐ Arteriovenous fistula

☐ Arteriovenous graft

☐ Atrial lines (Right and Left)

☐ Hemodialysis reliable outflow (HERO) catheter

☐ Intra-aortic balloon pump (IABP) device

☐ Non-accessed central line (not accessed inserted during the admission)

☐ Peripheral IV or Midline catheter

Location of Device Insertion: _____

Date of Device Insertion: ___ /___ /_____

Event Details		
*Specific Event: Laboratory-confirmed		
*Specify Criteria Used:		
Signs & Symptoms (check all that apply)		
Any Patient	≤ 1 year old	Underlying conditions for MBI-LCBI (check all that apply):
□ Fever	□ Fever	□ Allo-SCT with Grade ≥ 3 GI GVHD
□ Chills	□ Hypothermia	□ Allo-SCT with diarrhea
□ Hypotension	□ Apnea	□ Neutropenia (WBC or ANC < 500 cells mm^3)
	□ Bradycardia	
		Laboratory (check one)
		□ Recognized pathogen from one or more blood specimens
		□ 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	
	Staphylococcus coagulase-negative (specify species if available):	**CEFOX/OX** S R N **VANC** S I R N
	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S I/S-DD NS R N **GENTHL**§ S R N **LNZ** S I R N **VANC** S I R N
	Staphylococcus aureus	**CEFOX/METH/OX** S R N **CEFTAR** S S-DD I R N **CIPRO/LEVO/MOXI** S I R N **CLIND** S I R N **DAPTO** S NS N **DOXY/MINO** S I R N **GENT** S I R N **LNZ** S R N **RIF** S I R N **TETRA** S I R 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 **CEFEP** S I R N **CEFTAZ/CEFOT/CEFTRX** S I R N **CIPRO/LEVO** S I R N **COL/PB** S R N **DORI/MERO** S I R N **DOXY/MINO** S I R N **GENT** S I R N **IMI** S I R N **PIPTAZ** 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 **CEFTAVI** S R N **CEFTAZ** S I R N **CEFTOTAZ** S I R N **CIPRO/LEVO/MOXI** S I R N **COL/PB**† I R N **DORI/IMI/MERO** S I R N **DOXY/MINO/TETRA** S I R N **ERTA** S I R N **GENT** S I R N **IMIREL** S I R N **MERVAB** S I R N **PIPTAZ** 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 **AZT** S I R N **CEFEP** S I/S-DD R N **CEFOT/CEFTRX** S I R N **CEFTAVI** S R N **CEFTAZ** S I R N **CEFTOTAZ** S I R N **CIPRO/LEVO/MOXI** S I R N **COL/PB**† I R N **DORI/IMI/MERO** S I R N **DOXY/MINO/TETRA** S I R N **ERTA** S I R N **GENT** S I R N **IMIREL** S I R N

Pathogen #	Organism	Antimicrobial results
		MERVAB S I R N **PIPTAZ** S I R N **TIG** S I R N **TMZ** S I R N **TOBRA** S I R N
Pathogen #	Gram-negative Organisms (continued)	
	____*Klebsiella pneumoniae* ____*Klebsiella oxytoca* ____*Klebsiella aerogenes*	**AMK** 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 **CEFTAVI** S R N **CEFTAZ** S I R N **CEFTOTAZ** S I R N **CIPRO/LEVO/ MOXI** S I R N **COL/PB**[†] I R N **DORI/IMI/ MERO** S I R N **DOXY/MINO/ TETRA** S I R N **ERTA** S I R N **GENT** S I R N **IMIREL** S I R N **MERVAB** S I R N **PIPTAZ** S I R N **TIG** S I R N **TMZ** S I R N **TOBRA** S I R N
	Pseudomonas aeruginosa	**AMK** S I R N **AZT** S I R N **CEFEP** S I R N **CEFTAVI** S R N **CEFTAZ** S I R N **CEFTOTAZ** S I R N **CIPRO/LEVO** S I R N **COL/PB** S I R N **DORI/IMI/MERO** S I R N **GENT** S I R N **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 I R N **FLUCO** S S-DD R N **MICA** S I R N **VORI** S I 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 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= cefazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	

CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

Primary Bloodstream Infection (BSI)

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Comments