Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/xxxx
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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)*

Constitutional Signs and Symptoms:

Fever: which of the following were documented ☐ Single temperature > 37.8° C (>100° F) ☐ Repeated temperatures >37.2° C (99° F) ☐ Single temperature >1.1° C (2° 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 one of the following*
☐ Neutrophilia >10,000 leukocytes per/ml^3 (enter value) _____ ☐ Left shift (6% bands or ≥ 1,500 bands/mm3)

Respiratory Signs and Symptoms:

Decreased oxygenation: *documentation of at least one 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

Laboratory/Diagnostic

☐ 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

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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	**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	

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Custom Fields

Label		Label	
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Comments

Custom Fields