

Pneumonia (PNEU)

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*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: PNEU	*Date of Event:
Post-procedure PNEU: 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	
*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____ For NICU only: Birth weight: _____ grams	
Event Details	
*Specific Event: ☐ PNU1 ☐ PNU2 ☐ PNU3 *Immunocompromised: Yes No *Specific Criteria Used: (check all that apply) <u>Imaging Test Results</u> ☐ New or progressive and persistent infiltrate ☐ Consolidation ☐ Cavitation ☐ Pneumatoceles (in ≤1 y.o.) <u>Signs & Symptoms</u> ☐ Fever ☐ Organism(s) identified from blood specimen ☐ Leukopenia or leukocytosis ☐ Organism(s) identified from pleural fluid ☐ Altered mental status (in ≥70 y.o.) ☐ Positive quantitative culture from LRT specimen ☐ New onset/change in sputum ☐ ≥5% BAL cells w/ bacteria ☐ New onset/worsening cough, dyspnea, tachypnea ☐ Positive quantitative culture of lung tissue ☐ Rales or bronchial breath sounds [†] ☐ Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae ☐ Worsening gas exchange ☐ Hemoptysis ☐ Virus, <i>Bordetella</i> , <i>Legionella</i> , <i>Mycoplasma</i> or <i>Chlamydia</i> identified from respiratory secretions or tissue ☐ Pleuritic chest pain ☐ 4-fold rise in paired sera for pathogen ☐ Temperature instability ☐ 4-fold rise in <i>L pneumophila</i> antibody titer ☐ Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting ☐ <i>L pneumophila</i> serogroup 1 antigens in urine ☐ Hypothermia ☐ Matching <i>Candida</i> spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing ☐ Wheezing, rales, or rhonchi [†] ☐ Fungi from LRT specimen ☐ Cough ☐ Bradycardia or tachycardia	
[†] There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).	
*Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3
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).	



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Pathogen #	Gram-positive Organisms								
	<i>Staphylococcus coagulase-negative</i>	CEFOX/OX	VANC						
	(specify species if available):	S R N	S I R N						
	_____ <i>Enterococcus faecium</i>	DAPTO	GENTHL^s	LNZ	VANC				
	_____ <i>Enterococcus faecalis</i>	S I/S-DD NS R N	S R N	S I R N	S I R N				
	_____ <i>Enterococcus</i> spp. (Only those not identified to the species level)								
	<i>Staphylococcus aureus</i>	CEFOX/METH/OX	CEFTAR	CIPRO/LEVO/MOXI	CLIND	DAPTO	DOXY/MINO	GENT	
		S R N	S S-DD I R N	S I R N	S I R N	S NS N	S I R N	S I R N	
		LNZ	RIF	TETRA	TMZ	VANC			
		S R N	S I R N	S I R N	S I R N	S I R N			
Pathogen #	Gram-negative Organisms								
	<i>Acinetobacter</i> (specify species)	AMK	AMPSU L	CEFE P	CEFTAZ/CEFOT/CEFTRX	CIPRO/LEVO	COL/PB	DORI/MERO	
	_____	S I R N	S I R N	S I R N	S I R N	S I R N	S R N	S I R N	
		DOXY/MINO	GENT	IMI	PIPTAZ	TMZ	TOBRA		
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N		
	<i>Escherichia coli</i>	AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	S I R N	
		CEFTAVI	CEFTAZ	CEFTOTAZ	CIPRO/LEVO/MOXI	COL/PB[†]	DORI/IMI/MERO	DOXY/MINO/TETRA	
		S R N	S I R N	S I R N	S I R N	I R N	S I R N	S I R N	
		ERTA	GENT	IMIREL	MERVAB	PIPTAZ	TIG	TMZ	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
		TOBRA							
		S I R N							
	<i>Enterobacter</i> (specify species)	AMK	AZT	CEFEP	CEFOT/CEFTRX	CEFTAVI	CEFTAZ	CEFTOTAZ	
	_____	S I R N	S I R N	S I/S-DD R N	S I R N	S R N	S I R N	S I R N	
		CIPRO/LEVO/MOXI	COL/PB[†]	DORI/IMI/MERO	DOXY/MINO/TETRA	ERTA	GENT	IMIREL	
		S I R N	I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
		MERVAB	PIPTAZ	TIG	TMZ	TOBRA			
		S I R N	S I R N	S I R N	S I R N	S I R N			

Pathogen #	Gram-negative Organisms (continued)									
	<i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/ AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIS-DDRN	CEFOT/CEFTRX SIRN	CEFTAV I SRN		
	<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-DDRN	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

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= ceftaxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

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

