NHSN National Healthcare Safety Network

Custom Event

*Required for saving

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last: First: Middle:	
*Gender: M F Other	*Date of Birth:
Sex at Birth: F M Unknown	Gender Identity (Specify):
Ethnicity (Specify):	Race (Specify):

Event Details

*Event Type:	*Date of Event:
Post Procedure Event: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
MDRO/CDI Infection Surveillance: No	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   ☐ 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

☐ Culture or non-culture based testing not performed

☐ 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 criteria

Secondary Bloodstream Infection: Yes No	*COVID-19: 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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		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)						

	____*Klebsiella pneumoniae*	**AMK**	**AMPSUL/AMXCLV**	**AZT**	**CEFAZ**	**CEFEP**	**CEFOT/CEFTRX**	**CEFTAVI**
		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	S R N
	____*Klebsiella oxytoca*	**CEFTAZ**	**CEFTOTAZ**	**CIPRO/LEVO/MOXI**	**COL/PB†**	**DORI/IMI/MERO**	**DOXY/MINO/TETRA**	**ERTA**
		S I R N	S I R N	S I R N	I R N	S I R N	S I R N	S I R N
	____*Klebsiella aerogenes*	**GENT**	**IMIREL**	**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	S I R N	S I R N

	Pseudomonas aeruginosa	**AMK**	**AZT**	**CEFEP**	**CEFTAVI**	**CEFTAZ**	**CEFTOTAZ**	**CIPRO/LEVO**
		S I R N	S I R N	S I R N	S R N	S I R N	S I R N	S I R N
		COL/PB	**DORI/IMI/MERO**	**GENT**	**PIPTAZ**	**TOBRA**		
		S I R N	S I R N	S I R N	S I R N	S I R N		

Pathogen #	Fungal Organisms					

	Candida (specify species if available) _____	**ANID**	**CASPO**	**FLUCO**	**MICA**	**VORI**
		S I R N	S I R N	S S-DD R N	S I R N	S I R N

Pathogen #	Other Organisms									

	Organism 1 (specify) _____	**Drug 1**	**Drug 2**	**Drug 3**	**Drug 4**	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N
	Organism 1 (specify) _____	**Drug 1**	**Drug 2**	**Drug 3**	**Drug 4**	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N
	Organism 1 (specify) _____	**Drug 1**	**Drug 2**	**Drug 3**	**Drug 4**	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		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	S I R N	S I R N

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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	

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Custom Fields

Label

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Comments

Custom Fields