Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

MDRO and CDI Monthly Denominator Form

*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Line 1: Setting: Inpatient
**Total Facility Patient Days: _____ **Total Facility Admissions: _____

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.

Counts= [Total Facility – (IRF + IPF)]
Patient Days: _____ Admissions: _____

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.

Counts= [Total Facility – (IRF + IPF + NICU + Well Baby Unit)]
Patient Days: _____ Admissions: _____

**For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- ☐ Enzyme immunoassay (EIA) for toxin
- ☐ Cell cytotoxicity neutralization assay
- ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- ☐ NAAT plus EIA, if NAAT-positive (2-step algorithm)
- ☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- ☐ GDH plus NAAT (2-step algorithm)
- ☐ GDH plus EIA for toxin, followed by NAAT for discrepant results
- ☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- ☐ Other: _____

Note: "Other" should not be used to name specific laboratories, reference laboratories, generic testing methods (such as "PCR") or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or contact the NHSN helpdesk for further guidance.

Organism Selection/Confirmation of No Events

Specific Organism Type	MRSA	*C. difficile*	MSSA	CephR-*Klebsiella*	CRE-*E. coli*	CRE-*Enterobacter*	CRE-*Klebsiella*	MDR-*Acinetobacter*	VRE
Infection Surveillance	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (Blood specimens only)	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Process Measures: Hand Hygiene, Gown and Glove Use, and AST

Hand Hygiene

**Performed: _____ **Indicated: _____

Gown and Gloves

**Used: _____ **Indicated: _____

Active Surveillance Testing (AST)

**Active Surveillance Testing performed	☐	☐
**Timing of AST † (circle one)	**Adm** **Both**	**Adm** **Both**
**AST Eligible Patients ‡ (circle one)	**All** **NHx**	**All** **NHx**

Admission AST

**Performed		
**Eligible		

Discharge/Transfer AST

**Performed		
**Eligible		

Outcome Measures: AST

Prevalent Cases

(Specific Organism Type)	**MRSA**	**VRE**
**AST/Clinical Positive		
**Known Positive		

Incident Cases

**AST/Clinical Positive		

Custom Fields

Label _____ _____ _____ _____ _____

Data _____ _____ _____ _____ _____

† **Adm** – Admission testing **Both** – Admission and Discharge/Transfer testing

‡ **All** – All patients tested **NHx** – Only patients tested are those who have no documentation at the admitting facility in the previous 12 months of MDRO-colonization or infection at the time of admission.