

MDRO or CDI Infection Event

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*Required for saving Facility ID:		**Required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Gender: M F Other	*Date of Birth:		Sex at Birth: M F Other
Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond		Gender Identity (Specify): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Language: (Select all that apply)		Interpreter Needed: Yes No Declined to Respond Unknown	
Event Details			
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific from]		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
MDRO/CDI Infection Surveillance: Yes	NHSN Procedure Code:		ICD-10-PCS or CPT Procedure Code:
*Specific Organism Type: (Select up to 3) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Enterobacter <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile			
*Date Admitted to Facility:		*Location:	
*Specific Event Type (used only for CDC defined events): Specify Criteria Used (check all that apply)			
<u>Signs and Symptoms</u>		<u>Laboratory or Diagnostic Testing</u>	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Heat	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Organism(s) identified
<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Fever	<input type="checkbox"/> Not cultured
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Billious aspirate	<input type="checkbox"/> Organism(s) identified from blood specimen*
<input type="checkbox"/> Cough	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Erythema or redness	<input type="checkbox"/> Other positive laboratory tests*
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Nausea	<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method
<input type="checkbox"/> Abdominal distension			
<input type="checkbox"/> Pain or tenderness			<input type="checkbox"/> Pneumatosis intestinalis by radiograph
<input type="checkbox"/> Drainage or material*			<input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph
<input type="checkbox"/> Wheezing, rales or rhonchi			<input type="checkbox"/> Pneumoperitoneum by radiograph
<input type="checkbox"/> Diarrhea*			<input type="checkbox"/> Imaging test evidence of infection*
<input type="checkbox"/> Swelling or inflammation			
<input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure)			
<input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)			
<input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation			<u>Clinical Diagnosis</u>
			<input type="checkbox"/> Physician diagnosis of this event type*
			<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*

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



Pathogen #	Gram-Negative Organisms (continued)									
	<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 S S-DD RN	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 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	Drug 2 SIRN	Drug 3 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	Drug 2 SIRN	Drug 3 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 = ceftazidime	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX = ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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Form Approved
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