**Primary Bloodstream Infection (BSI)**

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| Page 1 of 4 | \*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; M F Unknown | Gender Identity (Specify):MaleFemaleMale-to-female transgenderFemale-to-male transgenderIdentifies as non-conformingOtherAsked but unknown |
| : Ethnicity:Hispanic or LatinoNot Hispanic or LatinoUnknownDeclined to respond | Race (Select all that apply):American Indian or Alaska NativeAsianBlack or African AmericanMiddle Eastern or North AfricanNative Hawaiian or Pacific IslanderWhiteUnknownDeclined to respond |
| Language: (Specify) | Interpreter Needed:  Yes  No Declined to Respond Unknown |
| \*Event Type: BSI | \*Date of Event: |
| Post-procedure BSI: 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** |
| \*If ICU/Other locations, Central line: Yes No | **Check all that apply:****Yes□ No□** \*Any hemodialysis catheter present  |
| \*If Specialty Care Area/Oncology, | **Yes□ No□** \*Extracorporeal life support present (ECLS or ECMO)  |
| Permanent central line: Yes NoTemporary central line: Yes No | **Yes□ No□** \*Ventricular-assist device (VAD) present  |
|  \*If NICU, Central line, including umbilical catheter Yes NoBirth weight (grams) | **Yes□ No□** \*Known or suspected Munchausen Syndrome by Proxy during current admission **Yes□ No□** \*Observed or suspected patient injection into vascular line(s) within the BSI infection window period **Yes□ No□** \*Epidermolysis bullosa during current admission **Yes□ No□** \*Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected:  □ Arterial catheter  □ Arteriovenous fistula  □ Arteriovenous graft  □ Atrial lines (Right and Left)  □ Hemodialysis reliable outflow (HERO) catheter  □ Intra-aortic balloon pump (IABP) device  □ Non-accessed central line (not accessed inserted during the admission)  □ Peripheral IV or Midline catheter Location of Device Insertion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Device Insertion: \_\_\_ /\_\_\_ /\_\_\_\_\_\_\_\_ |
| 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 42 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 H21-8, Atlanta, GA 30333, ATTN:  PRA (0920-0666).CDC 57.108 (Front) Rev. 11 v9.4 |

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| **Event Details** |
| \*Specific Event: Laboratory-confirmed |
| \*Specify Criteria Used: |
| Signs & Symptoms (check all that apply) |
| Any Patient | ≤ 1 year old | Underlying conditions for MBI-LCBI (check all that apply): |
| □ Fever | □ Fever | □ Allo-SCT with Grade ≥ 3 GI GVHD |
| □ Chills | □ Hypothermia | □ Allo-SCT with diarrhea |
| □ Hypotension | □ Apnea | □ Neutropenia (WBC or ANC < 500 cells mm3) |
|  | □ Bradycardia |  |
|  | Laboratory (check one) |
| □ Recognized pathogen from one or more blood specimens |
| □ Common commensal from ≥ 2 blood specimens |
| \*\*Died: Yes No | BSI Contributed to Death: Yes No |
| Discharge Date: | \*Pathogens Identified: Yes No \*If Yes, specify on pages 2-3. |
| COVID-19: Yes No If Yes: □Confirmed □Suspected |  |

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| **Pathogen #** | **Gram-positive Organisms** |
|  | *Staphylococcus* coagulase-negative(specify species if available):  |

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| **CEFOX/OX**S R N | **VANC**S I R N |  |  |  |  |  |

 |
|  | *\_\_\_\_Enterococcus faecium**\_\_\_\_Enterococcus faecalis**\_\_\_\_Enterococcus* spp. (Only those not identified to the species level)  |

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| **DAPTO**S S-DD NS R N | **GENTHL§**S R N | **LNZ**S I R N | **VANC**S I R N |  |  |  |

 |
|  | *Staphylococcus aureus* |

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| **CIPRO/LEVO/MOXI**S I R N | **CEFOX/METH/OX**S R N | **CEFTAR**S S-DD I R | **CLIND**S I R N | **DAPTO**S NS N | **DOXY/MINO**S I R N | **GENT**S I R N |
| **LNZ**S R N | **RIF**S I R N | **TETRA**S I R N | **TMZ**S I R N | **VANC**S I R N |  |  |

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| **Pathogen #** | *Gram-negative Organisms*  |
|  | *Acinetobacter* (specify species)\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AMK**S I R N | **AMPSUL**S I R N | **CEFTAZ/CEFOT/CEFTRX**S I R N | **CEFEP**S I R N | **CIPRO/LEVO**S I R N | **COL/PB**S R N | **DORI/MERO**S I R N |
| **DOXY/MINO**S I R N | **GENT**S I R N | **IMI**S I R N | **PIPTAZ**S I R N | **TMZ**S I R N | **TOBRA**S I R N |  |

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|  | *Escherichia coli* |

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| **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 | **CEFTAZ**S I R N | **CEFOT/CEFTRX**S I R N |
| **CEFEP**S I/S-DD R N | **CEFTAVI**S R N | **CEFTOTAZ**S I R N | **CIPRO/LEVO/MOXI**S I R N | **COL/PB†**I R N | **DORI/IMI/MERO**S I R N | **DOXY/MINO/TETRA**S I R N |
| **ERTA**S I R N | **GENT**S I R N | **IMIREL**S I R N | **MERVAB**S I R N | **PIPTAZ**S I R N | **TIG**S I R N | **TMZ**S I R N |
| **TOBRA**S I R N |  |  |  |  |  |  |

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|  | *Enterobacter* (specify species)\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AMK**S I R N | **AZT**S I R N | **CEFTAZ**S I R N | **CEFOT/CEFTRX**S I R N | **CEFEP**S I/S-DD R N | **CEFTAVI**S R N | **CEFTOTAZ**S I R N |
| **CIPRO/LEVO/MOXI**S I R N | **COL/PB†**I R N | **DORI/IMI/MERO**S I R N | **DOXY/MINO/TETRA**S I R N | **ERTA**S I R N | **GENT**S I R N | **IMIREL**S I R N |
| **MERVAB**S I R N | **PIPTAZ**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) |
|  | *\_\_\_\_Klebsiella pneumoniae**\_\_\_\_Klebsiella oxytoca**\_\_\_\_Klebsiella aerogenes* |

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| **AMK**S I R N | **AMPSUL/AMXCLV**S I R N | **AZT**S I R N | **CEFAZ**S I R N | **CEFTAZ**S I R N | **CEFOT/CEFTRX**S I R N | **CEFEP**S I/S-DD R N |
| **CEFTAVI**S R N | **CEFTOTAZ**S I R N | **CIPRO/LEVO/MOXI**S I R N | **COL/PB†**I R N | **DORI/IMI/MERO**S I R N | **DOXY/MINO/TETRA**S I R N | **ERTA**S I R N |
| **GENT**S I R N | **IMIREL**S I R N | **MERVAB**S I R N | **PIPTAZ**S I R N | **TIG**S I R N | **TMZ**S I R N | **TOBRA**S I R N |

 |
|  | *Pseudomonas aeruginosa* |

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| **AMK**S I R N | **AZT**S I R N | **CEFTAZ**S I R N | **CEFEP**S I R N | **CEFTAVI**S R N | **CEFTOTAZ**S I R N | **CIPRO/LEVO**S I R N |
| **COL/PB**S I R N | **DORI/IMI/MERO**S I R N | **GENT**S I R N | **PIPTAZ**S I R N | **TOBRA**S I R N |  |  |
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| **Pathogen #** | Fungal Organisms |
|  | *Candida* (specify species if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ANID**S I R N | **CASPO**S I R N | **FLUCO**S S-DD R N | **MICA**S I R N | **VORI**S I R N |  |  |

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| **Pathogen #** | Other Organisms |
|  | Organism 1 (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 5S I R N | Drug 6S I R N | Drug 7S I R N | Drug 8S I R N | Drug 9S I R N |

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|  |  Organism 1 (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 5S I R N | Drug 6S I R N | Drug 7S I R N | Drug 8S I R N | Drug 9S I R N |

 |
|  | Organism 1 (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 5S I R N | Drug 6S I R N | Drug 7S I R N | Drug 8S I R N | Drug 9S 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**

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| **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 |  |

**Primary Bloodstream Infection (BSI)**

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| Page 4 of 4 |
| **Custom Fields** |
| Label | Label |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
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| **Comments** |
|  |