



Primary Bloodstream Infection (BSI)

*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): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
: Ethnicity: 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
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: <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> 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 *If Specialty Care Area/Oncology, Permanent central line: Yes No Temporary central line: Yes No *If NICU, Central line, including umbilical catheter Yes No Birth weight (grams)	Check all that apply: Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO) Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present Yes <input type="checkbox"/> No <input type="checkbox"/> *Known or suspected Munchausen Syndrome by Proxy during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> *Observed or suspected patient injection into vascular line(s) within the BSI infection window period Yes <input type="checkbox"/> No <input type="checkbox"/> *Epidermolysis bullosa during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> *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: <div style="margin-left: 20px;"> <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Atrial lines (Right and Left) <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device <input type="checkbox"/> Non-accessed central line (not accessed inserted during the admission) </div>


 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:	
<u>Signs & Symptoms</u> (check all that apply)	
<u>Any Patient</u>	<u>≤ 1 year old</u>
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever
<input type="checkbox"/> Chills	<input type="checkbox"/> Hypothermia
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Apnea
	<input type="checkbox"/> Bradycardia
<u>Underlying conditions for MBI-LCBI (check all that apply):</u>	
<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GI GVHD	
<input type="checkbox"/> Allo-SCT with diarrhea	
<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm ³)	
<u>Laboratory</u> (check one)	
<input type="checkbox"/> Recognized pathogen from one or more blood specimens	
<input type="checkbox"/> Common commensal from ≥ 2 blood specimens	
**Died: Yes No	BSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No
COVID-19: Yes No	*If Yes, specify on pages 2-3.
If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	

Pathogen #	Gram-positive Organisms																
	<table border="0"> <tr> <td><i>Staphylococcus coagulase-negative</i></td> <td>CEFOX/OX SRN</td> <td>VANC SIRN</td> </tr> <tr> <td>(specify species if available):</td> <td></td> <td></td> </tr> </table>	<i>Staphylococcus coagulase-negative</i>	CEFOX/OX SRN	VANC SIRN	(specify species if available):												
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	LNZ SRN	RIF SIRN	TETRA SIRN	TMZ SIRN	VANC SIRN												
Pathogen #	Gram-negative Organisms																



Acinetobacter (specify species) _____	AMK SIR N DOXY/ MINO SIR N	AMPSU L SIR N GENT SIR N	CEFTAZ/CEFOT/ CEFTRX SIR N IMI SIR N	CEFEP SIR N PIPTA Z SIR N	CIPRO/ LEVO SIR N TMZ SIR N	COL/ PB SRN TOBRA SIR N	DORI/ MERO SIR N		
Escherichia coli _____	AMK SIR N CEFE P S I/S- DDR N ERTA SIR N TOBR A SIR N	AMP SIR N CEFTA VI SRN GENT SIR N	AMPSUL/ AMXCLV SIR N CEFTOTAZ SIR N IMIREL SIR N	AZT SIR N MOXI SIR N MERVAB SIR N	CEFAZ SIR N COL/ PB[†] IRN PIPTAZ SIR N	CEFTAZ SIR N DORI/IMI/ MERO SIR N TIG SIR N	CEFOT/CEFTRX SIR N DOXY/MINO/ TETRA SIR N TMZ SIR N		
Enterobacter (specify species) _____	AMK SIR N CIPRO/LEVO/ MOXI SIR N MERVAB SIR N	AZT SIR N COL/ PB[†] IRN PIPTAZ SIR N	CEFTAZ SIR N DORI/IMI/ MERO SIR N TIG SIR N	CEFOT/CEFTRX SIR N DOXY/MINO/ TETRA SIR N TMZ SIR N	CEFE P S I/S- DDR N ERTA SIR N TOBR A SIR N	CEFTA VI SRN GENT SIR N	CEFTOTA Z SIR N IMIREL SIR N		
Pathogen #	Gram-negative Organisms (continued)								
_____ <i>Klebsiella pneumoniae</i> _____ <i>Klebsiella oxytoca</i> _____ <i>Klebsiella aerogenes</i>	AMK SIR N CEFTAVI SRN GENT SIR N	AMPSUL/AMXCLV SIR N CEFTOTAZ SIR N IMIREL SIR N	AZT SIR N CIPRO/LEVO/MOXI SIR N MERVAB SIR N	CEFAZ SIR N COL/PB[†] IRN PIPTAZ SIR N	CEFTAZ SIR N DORI/IMI/MERO SIR N TIG SIR N	CEFOT/CEFTRX SIR N DOXY/MINO/TETRA SIR N TMZ SIR N	CEFEP S I/S- DDR N ERTA SIR N TOBR A SIR N		
<i>Pseudomonas aeruginosa</i>	AMK SIR N COL/PB SIR N	AZT SIR N DORI/IMI/MERO SIR N	CEFTAZ SIR N GENT SIR N	CEFEP SIR N PIPTAZ SIR N	CEFTAVI SRN TOBRA SIR N	CEFTOTAZ SIR N	CIPRO/LEVO SIR N		
Pathogen #	Fungal Organisms								
<i>Candida</i> (specify species if available) _____	ANID SIR N	CASPO SIR N	FLUCO S S-DDRN	MICA SIR N	VORI SIR N				
Pathogen #	Other Organisms								
Organism 1 (specify) _____	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR N
Organism 1 (specify) _____	Drug 1 SIR N	Drug 2 SIR N	Drug 3 SIR N	Drug 4 SIR N	Drug 5 SIR N	Drug 6 SIR N	Drug 7 SIR N	Drug 8 SIR N	Drug 9 SIR 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		Label	
_____	____/____/____	_____	____/____/____
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Comments			



A large, empty rectangular box with a black border, occupying the upper half of the page. This area is typically used for entering patient information, clinical notes, or other data relevant to the healthcare safety report.