Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
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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:

☐ 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 *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☐ No☐ *Any hemodialysis catheter present Yes☐ No☐ *Extracorporeal life support present (ECLS or ECMO) Yes☐ No☐ *Ventricular-assist device (VAD) present 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: ___ /___ /_____

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 mm^3)
	☐ 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	

Pathogen #	Gram-positive Organisms							
	Staphylococcus coagulase-negative (specify species if available):	**CEFOX/OX** S R N	**VANC** S I R N					
	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S S-DD NS R N	**GENTHL**[§] S R N	**LNZ** S I R N	**VANC** S I R N			
	Staphylococcus aureus	**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		
Pathogen #	*Gram-negative Organisms*							

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	Acinetobacter (specify species) ____________	**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
	Escherichia coli	**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
	Enterobacter (specify species) ____________	**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
Pathogen #	Gram-negative Organisms (continued)	
	____*Klebsiella pneumoniae* ____*Klebsiella oxytoca* ____*Klebsiella aerogenes*	**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	**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
Pathogen #	Fungal Organisms	
	Candida (specify species if available) ______________	**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
Pathogen #	Other Organisms	
	Organism 1 (specify) ____________	**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 5 S I R N; Drug 6 S I R N; Drug 7 S I R N; Drug 8 S I R N; Drug 9 S I R N
	Organism 1 (specify) ____________	**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 5 S I R N; Drug 6 S I R N; Drug 7 S I R N; Drug 8 S I R N; Drug 9 S I R N
	Organism 1 (specify) ____________	**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 5 S I R N; Drug 6 S I R N; Drug 7 S I R N; Drug 8 S I R N; Drug 9 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	

Primary Bloodstream Infection (BSI)

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

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