

Pneumonia (PNEU)

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*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: F M 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: PNEU	*Date of Event:
Post-procedure PNEU: 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	
*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____ For NICU only: Birth weight: _____ grams	
Event Details	
*Specific Event: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 *Immunocompromised: Yes No	
*Specific Criteria Used: (check all that apply)	
<u>Imaging Test Results</u>	
<input type="checkbox"/> New or progressive and persistent <input type="checkbox"/> Infiltrate <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatoceles (in ≤1 y.o.)	
<u>Signs & Symptoms</u>	
<input type="checkbox"/> Fever <input type="checkbox"/> Leukopenia or leukocytosis <input type="checkbox"/> Altered mental status (in ≥70 y.o.) <input type="checkbox"/> New onset/change in sputum <input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea <input type="checkbox"/> Rales or bronchial breath sounds [†] <input type="checkbox"/> Worsening gas exchange <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Temperature instability	
<u>Laboratory</u>	
<input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Organism(s) identified from pleural fluid <input type="checkbox"/> Positive quantitative culture from LRT specimen <input type="checkbox"/> ≥5% BAL cells w/ bacteria <input type="checkbox"/> Positive quantitative culture of lung tissue <input type="checkbox"/> Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae <input type="checkbox"/> Virus, <i>Bordetella</i> , <i>Legionella</i> , <i>Mycoplasma</i> or <i>Chlamydia</i> identified from respiratory secretions or tissue <input type="checkbox"/> 4-fold rise in paired sera for pathogen	

- | | |
|--|---|
| <input type="checkbox"/> Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting
<input type="checkbox"/> Hypothermia
<input type="checkbox"/> Wheezing, rales, or rhonchi†
<input type="checkbox"/> Cough
<input type="checkbox"/> Bradycardia or tachycardia | <input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> antibody titer
<input type="checkbox"/> <i>L pneumophila</i> serogroup 1 antigens in urine
<input type="checkbox"/> Matching <i>Candida</i> spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing
<input type="checkbox"/> Fungi from LRT specimen |
|--|---|

† There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).

*Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3

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 34 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 57.111 (Front)

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

Pathogen #	Gram-negative Organisms (continued)	AMK	AMPSUL/ AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX	CEFTAVI		
_____ <i>Klebsiella pneumoniae</i>		SIRN	SIRN	SIRN	SIRN	S/S-DDRN	SIRN	SIRN		
_____ <i>Klebsiella oxytoca</i>		CEFTAZ	CEFTOTAZ	CIPRO/LEVO/ MOXI	COL/PB [†]	DORI/IMI/ MERO	DOXY/MINO/ TETRA	ERTA		
_____ <i>Klebsiella aerogenes</i>		SIRN	SIRN	SIRN	IRN	SIRN	SIRN	SIRN		
		GENT	IMIREL	MERVAB	PIPTAZ	TIG	TMZ	TOBRA		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
	<i>Pseudomonas aeruginosa</i>	AMK	AZT	CEFEP	CEFTAVI	CEFTAZ	CEFTOTAZ	CIPRO/LEVO		
		SIRN	SIRN	SIRN	SRN	SIRN	SIRN	SIRN		
		COL/PB	DORI/IMI/MERO	GENT	PIPTAZ	TOBRA				
		SIRN	SIRN	SIRN	SIRN	SIRN				
Pathogen #	Fungal Organisms	ANID	CASPO	FLUCO	MICA	VORI				
	<i>Candida</i> (specify species if available) _____	SIRN	SIRN	S/S-DDRN	SIRN	SIRN				
Pathogen #	Other Organisms	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
	Organism 1 (specify) _____	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
	Organism 1 (specify) _____	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
	Organism 1 (specify) _____	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	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= 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= ceftaxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label	Label
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Comments

