

Custom Event

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*Required for saving

Facility ID:	Event #:																																																								
*Patient ID:	Social Security #:																																																								
Secondary ID:	Medicare #:																																																								
Patient Name, Last:	First: Middle:																																																								
*Gender: M F 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 (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																																																								
Language: (Specify)	Interpreter Needed: Yes No Declined to Respond Unknown																																																								
Event Details																																																									
*Event Type:	*Date of Event:																																																								
Post Procedure Event: Yes No	Date of Procedure:																																																								
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:																																																								
MDRO/CDI Infection Surveillance: No	Date Admitted to Facility:																																																								
Location:																																																									
Specific Event Type (used only for CDC defined events):																																																									
Specify Criteria Used (check all that apply)																																																									
<table border="0"> <thead> <tr> <th colspan="3"><u>Signs and Symptoms</u></th> <th><u>Laboratory or Diagnostic Testing</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Abscess</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Dysuria</td> <td><input type="checkbox"/> Organism(s) identified</td> </tr> <tr> <td><input type="checkbox"/> Apnea</td> <td><input type="checkbox"/> Hypotension</td> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Culture or non-culture based testing not performed</td> </tr> <tr> <td><input type="checkbox"/> Bradycardia</td> <td><input type="checkbox"/> Hypothermia</td> <td><input type="checkbox"/> Bilious aspirate</td> <td><input type="checkbox"/> Organism(s) identified from blood specimen⁺</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Lethargy</td> <td><input type="checkbox"/> Erythema or redness</td> <td><input type="checkbox"/> Other positive laboratory tests⁺</td> </tr> <tr> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> Abdominal distension</td> <td><input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method</td> </tr> <tr> <td><input type="checkbox"/> Pain or tenderness</td> <td></td> <td></td> <td><input type="checkbox"/> Pneumatosis intestinalis by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Drainage or material⁺</td> <td></td> <td></td> <td><input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Wheezing, rales or rhonchi</td> <td></td> <td></td> <td><input type="checkbox"/> Pneumoperitoneum by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea⁺</td> <td></td> <td></td> <td><input type="checkbox"/> Imaging test evidence of infection⁺</td> </tr> <tr> <td><input type="checkbox"/> Swelling or inflammation</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)</td> <td></td> <td></td> <td><u>Clinical Diagnosis</u></td> </tr> <tr> <td><input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal</td> <td></td> <td></td> <td><input type="checkbox"/> Physician diagnosis of this event type⁺</td> </tr> </tbody> </table>		<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"/> Culture or non-culture based testing not performed	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Bilious 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"/> Abdominal distension	<input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method	<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)			<u>Clinical Diagnosis</u>	<input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal			<input type="checkbox"/> Physician diagnosis of this event type ⁺
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Facility ID: perforation	Event #: <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*
<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam* <input type="checkbox"/> Other signs and symptoms*	
* Per specific criteria	
Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
Died: Yes No	Event contributed to death? Yes No
Discharge Date: ___/___/___ *Pathogens Identified: Yes No If yes, specify on Page 2	
<p><small>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)).</small></p> <p><small>Public reporting burden of this collection of information is estimated to average 39 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).</small></p>	
CDC 57.115 (Front) Rev 6 V. 8.6	

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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 SI/S-DD NSRN	GENTHL[§] SRN	LNZ SIRN	VANC SIRN				
	<i>Staphylococcus aureus</i>	CEFOX/METH/OX SRN	CEFTAR SS-DD IRN	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 SI/S-DDRN	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 SI/S-DDRN	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	PIPTAZ	TIG	TMZ	TOBRA				
		SIRN	SIRN	SIRN	SIRN	SIRN				
Pathogen #	Gram-negative Organisms (continued)									
	___ <i>Klebsiella pneumoniae</i>	AMK	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX	CEFTAVI		
	___ <i>Klebsiella oxytoca</i>	SIRN	SIRN	SIRN	SIRN	S I/S-DDRN	SIRN	SRN		
	___ <i>Klebsiella aerogenes</i>	CEFTAZ	CEFTOTAZ	CIPRO/LEVO/MOXI	COL/PB [†]	DORI/IMI/MERO	DOXY/MINO/TETRA	ERTA		
		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									
	<i>Candida</i> (specify species if available) _____	ANID	CASPO	FLUCO	MICA	VORI				
		SIRN	SIRN	SS-DDRN	SIRN	SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
	Organism 1 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
	Organism 1 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN

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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**

<u>Drug Codes:</u>			
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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