

MDRO or CDI Infection Event

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*required for saving **required for completion

*Required for saving Facility ID:		**Required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Gender: M F Other	*Date of Birth:	Sex at Birth: M F Other	
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	Gender Identity (Specify): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown	
Language: (Select all that apply)		Interpreter Needed: Yes No Declined to Respond Unknown	
Event Details			
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific from]		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
MDRO/CDI Infection Surveillance: Yes	NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:	
*Specific Organism Type: (Select up to 3) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Enterobacter <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile			
*Date Admitted to Facility:		*Location:	
*Specific Event Type (used only for CDC defined events):			
Specify Criteria Used (check all that apply)			
<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"/> Not cultured
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Billious 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"/> Suprapubic tenderness	<input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method
<input type="checkbox"/> Abdominal distension			
<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)			
<input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation			<u>Clinical Diagnosis</u>
			<input type="checkbox"/> Physician diagnosis of this event type*
			<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*

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<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 site criteria			
<i>Clostridioides difficile</i> Infection			
*Admitted to ICU for CDI complications: Yes No		*Surgery for CDI complications: Yes No	
* 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	
<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)). 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 57.126 (Front) Rev 6 V. 8.6</small>			

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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 S I/S-DD NSR N	GENTH[§] SRN	LNZ SIRN	VANC SIRN				
<i>Staphylococcus aureus</i>	CEFOX/METH/OX SRN	CEFTAR SS-DD I R N	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 S I/S-DD RN	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 S I/S-DD RN	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>Klebsiella pneumoniae</i> ---- <i>Klebsiella oxytoca</i> ---- <i>Klebsiella aerogenes</i>	AMK SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	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	



Pathogen #	Gram-Negative Organisms (continued)									
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTAZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN		
		COL/PB SIRN	DORI/IMI/MERO SIRN	GENT SIRN	PIPTAZ SIRN	TOBRA SIRN				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO SIRN	FLUCO S S-DD RN	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 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 = ceftazidime	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX = ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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Exp. Date: 12/31/2026
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