

MDRO or CDI Infection Event

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*Required for saving Facility ID:		**Required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Sex: F M	*Date of Birth:		
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: [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) ☐ MRSA ☐ MSSA ☐ VRE ☐ CephR-Klebsiella ☐ CRE-E. coli ☐ CRE-Enterobacter ☐ CRE-Klebsiella ☐ MDR-Acinetobacter ☐ 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> ☐ Abscess ☐ Heat ☐ Dysuria ☐ Apnea ☐ Hypotension ☐ Fever ☐ Bradycardia ☐ Hypothermia ☐ Bilious aspirate ☐ Cough ☐ Lethargy ☐ Erythema or redness ☐ Vomiting ☐ Nausea ☐ Suprapubic tenderness ☐ Abdominal distension ☐ Pain or tenderness ☐ Drainage or material* ☐ Wheezing, rales or rhonchi ☐ Diarrhea* ☐ Swelling or inflammation ☐ Occult or gross blood in stools (with no rectal fissure) ☐ Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) ☐ Surgical evidence of pneumatosis intestinalis with or without intestinal perforation		<u>Laboratory or Diagnostic Testing</u> ☐ Organism(s) identified ☐ Not cultured ☐ Organism(s) identified from blood specimen* ☐ Other positive laboratory tests* ☐ > 15 colonies cultured from IV cannula tip using semiquantitative culture method ☐ Pneumatosis intestinalis by radiograph ☐ Portal venous gas (Hepatobiliary gas) by radiograph ☐ Pneumoperitoneum by radiograph ☐ Imaging test evidence of infection*	
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam *		<u>Clinical Diagnosis</u> ☐ Physician diagnosis of this event type* ☐ Physician institutes appropriate antimicrobial therapy*	

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☐ 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	
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			

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Pathogen #	Gram-positive Organisms											
<i>Staphylococcus</i> coagulase-negative (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-DDIRN		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 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 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



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 SS-DD RN	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 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	Drug2 SIRN	Drug3 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	Drug2 SIRN	Drug3 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 = ceftazolin	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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Comments

Custom Fields