

Custom Event

Page 1 of 4

*Required for saving

Facility ID:	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:	*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)		
<u>Signs and Symptoms</u> ☐ Abscess ☐ Heat ☐ Dysuria ☐ Apnea ☐ Hypotension ☐ Fever ☐ Bradycardia ☐ Hypothermia ☐ Bilious aspirate ☐ Cough ☐ Lethargy ☐ Erythema or redness ☐ Vomiting ☐ Nausea ☐ 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 ☐ Culture or non-culture based testing not performed ☐ 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* <u>Clinical Diagnosis</u> ☐ Physician diagnosis of this event type* ☐ Physician institutes appropriate antimicrobial therapy*		
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam*		
☐ Other signs and symptoms*		

* Per specific criteria

Facility ID:		Event #:	
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 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).			
CDC 57.115 (Front) Rev 6 V. 8.6			

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Pathogen #	Gram-positive Organisms																																																																
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Pathogen #	Gram-negative Organisms (continued)									
	____ <i>Klebsiella pneumoniae</i>	AMK	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX	CEFTAVI		
		SIRN	SIRN	SIRN	SIRN	SI/S-DDRN	SIRN	SRN		
	____ <i>Klebsiella oxytoca</i>	CEFTAZ	CEFTOTAZ	CIPRO/LEVO/MOXI	COL/PB[†]	DORI/IMI/MERO	DOXY/MINO/TETRA	ERTA		
		SIRN	SIRN	SIRN	IRN	SIRN	SIRN	SIRN		
	____ <i>Klebsiella aerogenes</i>	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
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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 = ceftaxime	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Label

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Comments

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