



# Multi-site Gram-Negative Surveillance Initiative (MuGSI)

## CRE NDM and KPC treatment data collection form

State ID: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of incident specimen collection : \_\_\_\_/\_\_\_\_/\_\_\_\_

| 1. Antibiotic (brand)  | 2a. Administered to treat CRE                                                                | 3a. Start Date | 3b. Stop Date  | 3c. Start Date | 3d. Stop Date  | 3e. Start Date | 3f. Stop Date  | 3g. Treatment continued after hospital discharge                                                |
|------------------------|----------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------------------------------------------------------------------------------------------|
| Amikacin (Amikin)      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Aztreonam (Azactam)    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Aztreonam-avibactam    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Cefepime (Maxipime)    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Cefiderocol            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Ceftriaxone (Rocephin) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Cefotaxime (Claforan)  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Ceftazidime (Fortaz)   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Ceftazidime-avibactam  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Ceftolozane-tazobactam | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                     |

|                                        |                                                                                              |                 |                 |                 |                 |                 |                 |                                                                                                                                     |
|----------------------------------------|----------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------|
|                                        |                                                                                              |                 |                 |                 |                 |                 |                 | <input type="checkbox"/> Unknown<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Ciprofloxacin (Cipro)                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Colistin or Polymyxin E (Coly-Mycin-S) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Cefepime-enmetazobactam                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Doripenem (Doribax)                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Doxycycline                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Eravacycline                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Ertapenem (Invanz)                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Fosfomycin (Monurol)                   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Gentamicin (Garamycin)                 | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Imipenem (Primaxin)                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Imipenem-relebactam                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Levofloxacin (Levaquin)                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |
| Meropenem (Merrem)                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                     |

|                                 |                                                                                              |                 |                 |                 |                 |                 |                 |                                                                                                 |
|---------------------------------|----------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------------------------------------------------------------------------------------|
| Meropenem-vaborbactam           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Minocycline                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Nitrofurantoin                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Moxifloxacin (Avelox)           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Piperacillin-Tazobactam (Zosyn) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Plazomicin                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Polymixin B                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Tigecycline (Tygacil)           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Trimetoprim-sulfamethoxazole    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Tobramycin (Nebcin)             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Other_____                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Other_____                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
| Other_____                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <u>  /  /  </u> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown |
|                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                 |                 |                 |                 |                 |                 | <input type="checkbox"/> Yes                                                                    |



|                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>4a. Was ID consulted for the treatment of the CRE infection?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                                                                 |  | <b>4b. If Yes, report date of initial ID consult (or reconsult)</b><br>____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>4c. Were there any antibiotics noted by a clinician that could not be used for CRE treatment because they were not available or not on formulary?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown<br><br><b>4d. If Yes, please specify antibiotics</b> _____ |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Testing for carbapenemase genes:</b> <input type="checkbox"/> No testing for carbapenemase gene data available from the <b>medical record</b>                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>5a. Was the incident specimen tested for carbapenemase genes?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                                                                |  | <b>5b. If yes, what testing method was used? (check all that apply)</b><br><input type="checkbox"/> Automated Molecular Assay<br><input type="checkbox"/> Carba-R<br><input type="checkbox"/> Check Points<br><input type="checkbox"/> Immunochromatographic lateral flow tests (ICT)<br><input type="checkbox"/> MALDI-TOF MS<br><input type="checkbox"/> Next Generation Nucleic Acid Sequencing<br><input type="checkbox"/> PCR<br><input type="checkbox"/> Streck ARM-D<br><input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Unknown |  |
|                                                                                                                                                                                                                                                                                                                        |  | <b>5c. If yes, dates of testing</b><br>____ / ____ / ____<br>____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                        |  | <b>5d. If tested, what was the testing result?</b><br><input type="checkbox"/> NDM <span style="float: right;"><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk</span><br><input type="checkbox"/> KPC <span style="float: right;"><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk</span><br>_____                                                                                                                          |  |
| <b>Parameters to calculate qPitt Bacteremia score:</b><br>Record the measurements that occurred within 48 hours before or on the day of the DISC.                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>6a. Highest body temperature (F or °C) on the day of the DISC</b><br>_____ F<br>_____ °C                                                                                                                                                                                                                            |  | <b>6b. Lowest body temperature (F or °C) on the day of the DISC</b><br>_____ F<br>_____ °C                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                        |  | <b>6c. Has the patient had an acute hypotensive event with drop in systolic blood pressure &gt;30 mm Hg and diastolic blood pressure &gt;20 mm Hg on the day of the DISC?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                   |  |
| <b>6d. Systolic blood pressure (lowest value) on the day of the DISC</b><br>_____ mm Hg                                                                                                                                                                                                                                |  | <b>6e. Is the patient receiving mechanical ventilation on the day of the DISC?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>6g. Has the patient had a cardiac arrest on the day of the DISC or within 48 hours before the DISC?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                          |  | <b>6h. Is the patient receiving intravenous vasopressors (medications to help raise blood pressure) on the day of the DISC?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                        |  | <b>6i. Mental state on the day of the DISC (check all that apply)</b><br><input type="checkbox"/> Alert (normal)<br><input type="checkbox"/> Disoriented<br><input type="checkbox"/> Stuporous<br><input type="checkbox"/> Comatose<br><input type="checkbox"/> Sedated<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                        |  |

| 7a. Susceptibility results (AST) from the medical record:                                                                                                               |                                           |                                  |                                   |                                        |                                |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|-----------------------------------|----------------------------------------|--------------------------------|--------------------------------|
| Please complete the table based on the information found in the medical record <input type="checkbox"/> No susceptibility data available from the <b>medical record</b> |                                           |                                  |                                   |                                        |                                |                                |
| Antibiotic<br>(brand)                                                                                                                                                   | MIC or zone<br>diameter<br>(clinical lab) | Interpretation<br>(clinical lab) | AST result date<br>(clinical lab) | MIC or zone<br>diameter<br>(SPHL/ARLN) | Interpretation<br>(SPHL/ ARLN) | AST result date<br>(SPHL/ARLN) |
| Amikacin<br>(Amikin)                                                                                                                                                    |                                           |                                  |                                   |                                        |                                |                                |
| Aztreonam (Azactam)                                                                                                                                                     |                                           |                                  |                                   |                                        |                                |                                |
| Aztreonam-avibactam                                                                                                                                                     |                                           |                                  |                                   |                                        |                                |                                |
| Cefepime (Maxipime)                                                                                                                                                     |                                           |                                  |                                   |                                        |                                |                                |
| Cefiderocol                                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |
| Ceftriaxone (Rocephin)                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Cefotaxime (Claforan)                                                                                                                                                   |                                           |                                  |                                   |                                        |                                |                                |
| Ceftazidime<br>(Fortaz)                                                                                                                                                 |                                           |                                  |                                   |                                        |                                |                                |
| Ceftazidime-avibactam                                                                                                                                                   |                                           |                                  |                                   |                                        |                                |                                |
| Ceftolozane-tazobactam                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Ciprofloxacin<br>(Cipro)                                                                                                                                                |                                           |                                  |                                   |                                        |                                |                                |
| Colistin or Polymyxin E<br>(Coly-Mycin-S)                                                                                                                               |                                           |                                  |                                   |                                        |                                |                                |
| Cefepime-<br>enmetazobactam                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |
| Doripenem<br>(Doribax)                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Doxycycline                                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |
| Eravacycline                                                                                                                                                            |                                           |                                  |                                   |                                        |                                |                                |
| Ertapenem<br>(Invanz)                                                                                                                                                   |                                           |                                  |                                   |                                        |                                |                                |
| Fosfomycin (Monurol)                                                                                                                                                    |                                           |                                  |                                   |                                        |                                |                                |
| Gentamicin (Garamycin)                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Imipenem<br>(Primaxin)                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Imipenem-relebactam                                                                                                                                                     |                                           |                                  |                                   |                                        |                                |                                |
| Levofloxacin (Levaquin)                                                                                                                                                 |                                           |                                  |                                   |                                        |                                |                                |
| Meropenem (Merrem)                                                                                                                                                      |                                           |                                  |                                   |                                        |                                |                                |
| Meropenem-vaborbactam                                                                                                                                                   |                                           |                                  |                                   |                                        |                                |                                |
| Minocycline                                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |
| Nitrofurantoin                                                                                                                                                          |                                           |                                  |                                   |                                        |                                |                                |
| Moxifloxacin (Avelox)                                                                                                                                                   |                                           |                                  |                                   |                                        |                                |                                |
| Piperacillin-<br>Tazobactam (Zosyn)                                                                                                                                     |                                           |                                  |                                   |                                        |                                |                                |
| Plazomicin                                                                                                                                                              |                                           |                                  |                                   |                                        |                                |                                |
| Polymixin B                                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |
| Tigecycline<br>(Tygacil)                                                                                                                                                |                                           |                                  |                                   |                                        |                                |                                |
| Trimetoprim-<br>sulfamethoxazole                                                                                                                                        |                                           |                                  |                                   |                                        |                                |                                |
| Tobramycin<br>(Nebcin)                                                                                                                                                  |                                           |                                  |                                   |                                        |                                |                                |
| Other _____                                                                                                                                                             |                                           |                                  |                                   |                                        |                                |                                |

**7b. Susceptibility results from the ET, KB, MS, PX, SEN, VK, APS data sources in lab reports:**

Please complete the table based on the information found at laboratory reports received by EIP sites (if not available or different from results in the medical record)

| Antibiotic<br>(brand)                     | MIC or zone<br>diameter<br>(clinical lab) | Interpretation<br>(clinical lab) | AST result date<br>(clinical lab) | MIC or zone<br>diameter<br>(SPHL/ARLN) | Interpretation<br>(SPHL/ ARLN) | AST result date<br>(SPHL/ARLN) |
|-------------------------------------------|-------------------------------------------|----------------------------------|-----------------------------------|----------------------------------------|--------------------------------|--------------------------------|
| Amikacin<br>(Amikin)                      |                                           |                                  |                                   |                                        |                                |                                |
| Aztreonam (Azactam)                       |                                           |                                  |                                   |                                        |                                |                                |
| Aztreonam-avibactam                       |                                           |                                  |                                   |                                        |                                |                                |
| Cefepime (Maxipime)                       |                                           |                                  |                                   |                                        |                                |                                |
| Cefiderocol                               |                                           |                                  |                                   |                                        |                                |                                |
| Ceftriaxone (Rocephin)                    |                                           |                                  |                                   |                                        |                                |                                |
| Cefotaxime (Claforan)                     |                                           |                                  |                                   |                                        |                                |                                |
| Ceftazidime<br>(Fortaz)                   |                                           |                                  |                                   |                                        |                                |                                |
| Ceftazidime-avibactam                     |                                           |                                  |                                   |                                        |                                |                                |
| Ceftolozane-tazobactam                    |                                           |                                  |                                   |                                        |                                |                                |
| Ciprofloxacin<br>(Cipro)                  |                                           |                                  |                                   |                                        |                                |                                |
| Colistin or Polymyxin E<br>(Coly-Mycin-S) |                                           |                                  |                                   |                                        |                                |                                |
| Cefepime-<br>enmetazobactam               |                                           |                                  |                                   |                                        |                                |                                |
| Doripenem<br>(Doribax)                    |                                           |                                  |                                   |                                        |                                |                                |
| Doxycycline                               |                                           |                                  |                                   |                                        |                                |                                |
| Eravacycline                              |                                           |                                  |                                   |                                        |                                |                                |
| Ertapenem<br>(Invanz)                     |                                           |                                  |                                   |                                        |                                |                                |
| Fosfomycin (Monurol)                      |                                           |                                  |                                   |                                        |                                |                                |
| Gentamicin (Garamycin)                    |                                           |                                  |                                   |                                        |                                |                                |
| Imipenem<br>(Primaxin)                    |                                           |                                  |                                   |                                        |                                |                                |
| Imipenem-relebactam                       |                                           |                                  |                                   |                                        |                                |                                |
| Levofloxacin (Levaquin)                   |                                           |                                  |                                   |                                        |                                |                                |
| Meropenem (Merrem)                        |                                           |                                  |                                   |                                        |                                |                                |
| Meropenem-vaborbactam                     |                                           |                                  |                                   |                                        |                                |                                |
| Minocycline                               |                                           |                                  |                                   |                                        |                                |                                |
| Nitrofurantoin                            |                                           |                                  |                                   |                                        |                                |                                |
| Moxifloxacin (Avelox)                     |                                           |                                  |                                   |                                        |                                |                                |
| Piperacillin-<br>Tazobactam (Zosyn)       |                                           |                                  |                                   |                                        |                                |                                |
| Plazomicin                                |                                           |                                  |                                   |                                        |                                |                                |
| Polymixin B                               |                                           |                                  |                                   |                                        |                                |                                |
| Tigecycline<br>(Tygacil)                  |                                           |                                  |                                   |                                        |                                |                                |
| Trimetoprim-<br>sulfamethoxazole          |                                           |                                  |                                   |                                        |                                |                                |
| Tobramycin<br>(Nebcin)                    |                                           |                                  |                                   |                                        |                                |                                |
| Other _____                               |                                           |                                  |                                   |                                        |                                |                                |

|                                                                                                           |                                                 |                        |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|
| <b>8. Form completion status</b><br><input type="checkbox"/> Complete<br><input type="checkbox"/> Pending | <b>9. Date of abstraction</b><br>____/____/____ | <b>10. SO initials</b> |
| <b>11. Comments</b>                                                                                       |                                                 |                        |