



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: 03-31-2011

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*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Ethnicity (specify):	Race (specify):
*Event Type: BSI	*Date of Event:
Post-procedure BSI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:

*MDRO Infection Surveillance: Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module
 No, this event's pathogen & location are **not** in-plan for the MDRO/CDAD Module

*Date Admitted to Facility:	*Location:
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Risk Factors	
*If ICU/Other locations, Central line: Yes No	Location of Device Insertion: _____
*If Specialty Care Area,	
Permanent central line: Yes No	Date of Device Insertion: ___/___/_____
Temporary central line: Yes No	
*If NICU,	
Non-umbilical Central line: Yes No	
Umbilical catheter: Yes No	
Birth weight (grams):	

Event Details

*Specific Event:

Laboratory-confirmed Clinical sepsis

*Specify Criteria Used:

<u>Signs & Symptoms (check all that apply)</u>	<u>Laboratory (check one)</u>
<u>Any patient</u> <u>≤1 year old</u>	<input type="checkbox"/> Recognized pathogen from one or more blood cultures
<input type="checkbox"/> Fever <input type="checkbox"/> Fever	<input type="checkbox"/> Common skin contaminant from ≥2 blood cultures
<input type="checkbox"/> Chills <input type="checkbox"/> Hypothermia	<input type="checkbox"/> Blood culture not done <u>or</u> no organisms detected in blood
<input type="checkbox"/> Hypotension <input type="checkbox"/> Apnea	
<input type="checkbox"/> Bradycardia	<u>Clinical Diagnosis (CSEP only)</u>
	<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy

**Died: Yes No	BSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on page 2

Assurance of Confidentiality: The 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 30 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.108 (Front) Rev. 2 NHSN ver. 4.1

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N										
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N						
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N					
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ S I R N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 2 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 3 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
AMP = ampicillin AMPSUL = ampicillin/sulbactam CEFEP = cefepime CEFTAZ = ceftazidime CEFTRX = ceftriaxone CIPRO = ciprofloxacin CLIND = clindamycin ERYTH = erythromycin GENT = gentamicin IMI = imipenem LEVO = levofloxacin MERO = meropenem OX = oxacillin PENG = penicillin G PIP = piperacillin QUIDAL = quinupristin/dalfopristin RIF = rifampin TMZ = trimethoprim/sulfamethoxazole TOBRA = tobramycin VANC = vancomycin												
Result Codes: S = Susceptible I = Intermediate R = Resistant N = not tested												



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Custom Fields

Label

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Comments