

* required for saving	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	
Patient Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth:
Ethnicity (specify):	Race (specify):
Event Details	
*Event Type:	*Date of Event:
Post Procedure Event: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO/CDI Infection Surveillance: No	Date Admitted to Facility:
Location:	
Specific Event Type:	
<p>Specify Criteria Used (check all that apply)</p> <p style="text-align: center;"><u>Signs & Symptoms</u></p> <p><input type="checkbox"/> Abscess</p> <p><input type="checkbox"/> Apnea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Bradycardia</p> <p><input type="checkbox"/> Redness</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Dysuria</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours)</p> <p><input type="checkbox"/> Purulent drainage or material</p> <p><input type="checkbox"/> Pain or tenderness</p> <p><input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning</p> <p><input type="checkbox"/> Localized swelling</p> <p><input type="checkbox"/> Persistent microscopic or gross blood in stools</p> <p><input type="checkbox"/> Wheezing, rales or rhonchi</p> <p><input type="checkbox"/> Other evidence of infection found on direct exam, during surgery or by diagnostic testing⁺</p> <p><input type="checkbox"/> Other signs and symptoms ⁺</p>	<p><u>Laboratory or Diagnostic Testing</u></p> <p><input type="checkbox"/> Positive culture</p> <p><input type="checkbox"/> Not cultured</p> <p><input type="checkbox"/> Positive blood culture</p> <p><input type="checkbox"/> Blood culture not done or no organisms detected in blood</p> <p><input type="checkbox"/> Positive Gram stain when culture is negative or not done</p> <p><input type="checkbox"/> >15 colonies cultured from IV cannula tip using semiquantitative culture method</p> <p><input type="checkbox"/> Positive culture of pathogen</p> <p><input type="checkbox"/> Positive culture of skin contaminant</p> <p><input type="checkbox"/> Other positive laboratory tests</p> <p><input type="checkbox"/> Radiographic evidence of infection</p> <p><u>Clinical Diagnosis</u></p> <p><input type="checkbox"/> Physician diagnosis of this event type⁺</p> <p><input type="checkbox"/> Physician institutes appropriate antimicrobial therapy⁺</p> <p>⁺ Per specific event criteria</p>
Secondary Bloodstream Infection: Yes No	
Died: Yes No	Event contributed to death? Yes No
Discharge Date: ____/____/____	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.

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)).

Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____	VANC S I R N								
_____	<i>Enterococcus</i> <i>spp.</i> (specify) _____	AMP S I R N	CIPRO/LEVO/MOXI S I R N	DAPTO S N S N	DOXY/MINO S I R N	GENTHL^s S R N	LNZ S I R N			
		STREPHL^s S R N	TETRA S I R N	TIG S N S N	VANC S I R N					
_____	<i>Enterococcus</i> <i>faecium</i>	AMP S I R N	CIPRO/LEVO/MOXI S I R N	DAPTO S N S N	DOXY/MINO S I R N	GENTHL^s S R N	LNZ S I R N	QUIDAL S I R N		
		STREPHL^s S R N	TETRA S I R N	TIG S N S N	VANC S I R N					
_____	<i>Staphylococcus</i> <i>aureus</i>	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	ERYTH S I R N	GENT S I R N		
		LNZ S R N	OX/CEFOX/METH S I R N	QUIDAL S I R N	RIF S I R N	TETRA S I R N	TIG S N S N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> <i>spp.</i> (specify) _____	AMK S I R N	AMPSUL S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	GENT S I R N	
		IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	TMZ S I R N	TOBRA S I R N			
_____	<i>Escherichia</i> <i>coli</i>	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT/CEFTRX S I R N		
		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	ERTA S I R N		
		GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	TIG S I R N	TMZ S I R N	TOBRA S I R N	
_____	<i>Enterobacter</i> <i>spp.</i> (specify) _____	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT/CEFTRX S I R N		
		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	ERTA S I R N		
		GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	TIG S I R N	TMZ S I R N	TOBRA S I R N	
_____	<i>Klebsiella</i> <i>spp.</i> (specify) _____	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT/CEFTRX S I R N		
		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	ERTA S I R N		
		GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	TIG S I R N	TMZ S I R N	TOBRA S I R N	

Pathogen #	Gram-negative Organisms									
_____	<i>Serratia marcescens</i>	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I R N	CEFOT/CEFTRX S I R N		
		CEFTAZ S I R N	CEFUR S I R N	CEFOX/CETET S I R N	CHLOR S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	ERTA S I R N		
		GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N	TIG S I R N	TMZ S I R N	TOBRA S I R N	
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	GENT S I R N		
		IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TOBRA S I R N					
_____	<i>Stenotrophomonas maltophilia</i>	LEVO S I R N	TETRA/MINO S I R N	TICLAV S I R N	TMZ S I R N					
Pathogen #	Fungal Organisms									
_____	<i>Candida spp.</i> (specify) _____	ANID S N S N	CASPO S N S N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S N S N	VORI S S-DD 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

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested
§ GENTHL and STREPHL results: S=Susceptible/Synergistic and R=Resistant/Not Synergistic

Drug Codes:

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|--------------------------------------|------------------------|---------------------------------------|------------------------------------|--|
| AMK = amikacin | CEFTRX = ceftriaxone | ERYTH = erythromycin | MICA = micafungin | STREPHL = streptomycin – high level test |
| AMP = ampicillin | CEFUR= cefuroxime | FLUCO = fluconazole | MINO = minocycline | TETRA = tetracycline |
| AMPSUL = ampicillin/sulbactam | CETET= cefotetan | FLUCY = flucytosine | MOXI = moxifloxacin | TICLAV = ticarcillin/clavulanic acid |
| AMXCLV = amoxicillin/clavulanic acid | CHLOR= chloramphenicol | GENT = gentamicin | OX = oxacillin | TIG = tigecycline |
| ANID = anidulafungin | CIPRO = ciprofloxacin | GENTHL = gentamicin – high level test | PB = polymyxin B | TMZ = trimethoprim/sulfamethoxazole |
| AZT = aztreonam | CLIND = clindamycin | IMI = imipenem | PIP = piperacillin | TOBRA = tobramycin |
| CASPO = caspofungin | COL = colistin | ITRA = itraconazole | PIPTAZ = piperacillin/tazobactam | VANC = vancomycin |
| CEFAZ= ceftazidime | DAPTO = daptomycin | LEVO = levofloxacin | QUIDAL = quinupristin/dalfopristin | VORI = voriconazole |
| CEFEP = cefepime | DORI = doripenem | LNZ = linezolid | RIF = rifampin | |
| CEFOT = cefotaxime | DOXY = doxycycline | MERO = meropenem | | |
| CEFOX= ceftaxime | ERTA = ertapenem | METH = methicillin | | |
| CEFTAZ = ceftazidime | | | | |

