



# MDRO or CDAD Infection Event

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

* required for saving Facility ID:		** required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:			
Patient Name, Last:		First:	Middle:
*Gender: M F		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
<b>Event Details</b>			
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific form]		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
MDRO/CDAD Infection Surveillance: Yes	NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*Specific Organism Type: (Select up to 3) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> MDR- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i> <input type="checkbox"/> <i>C. difficile</i>			
*Date Admitted to Facility:		*Location	
*Specific Event Type (only used for CDC defined events):			
Specify Criteria Used (check all that apply)			
<u>Signs &amp; Symptoms</u>		<u>Laboratory or Diagnostic Testing</u>	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Heat	<input type="checkbox"/> Positive culture	
<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Not cultured	
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Positive blood culture	
<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Blood culture not done or no organisms detected in blood	
<input type="checkbox"/> Redness	<input type="checkbox"/> Nausea	<input type="checkbox"/> Positive Gram stain when culture is negative or not done	
<input type="checkbox"/> Cough	<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> >15 colonies cultured from IV cannula tip using semiquantitative culture method	
<input type="checkbox"/> Dysuria		<input type="checkbox"/> Positive culture of pathogen	
<input type="checkbox"/> Fever		<input type="checkbox"/> Positive culture of skin contaminant	
<input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours)		<input type="checkbox"/> Other positive laboratory tests	
<input type="checkbox"/> Purulent drainage or material		<input type="checkbox"/> Radiographic evidence of infection	
<input type="checkbox"/> Pain or tenderness		<u>Clinical Diagnosis</u>	
<input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning		<input type="checkbox"/> Physician diagnosis of this event type <sup>+</sup>	
<input type="checkbox"/> Localized swelling		<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy <sup>+</sup>	
<input type="checkbox"/> Persistent microscopic or gross blood in stools		+ Per specific event criteria	
<input type="checkbox"/> Wheezing, rales or rhonchi			
<input type="checkbox"/> Other evidence of infection found on direct exam, during surgery or by diagnostic testing <sup>+</sup>			
<input type="checkbox"/> Other signs and symptoms <sup>+</sup>			
<b>Clostridium difficile-Associated Disease</b>			
*Admitted to ICU for CDAD complications: Yes No		*Surgery for CDAD complications: Yes No	
*Secondary Bloodstream Infection: Yes No			
**Died: Yes No		Event contributed to death? Yes No	
Discharge Date: ____/____/____		*Pathogens Identified: Yes No If Yes, specify on page 2	
<small>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)).</small> <small>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).</small> <small>CDC 57.126 (Front)</small>			

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	<b>VANC</b> S I R N										
_____	<i>Enterococcus faecalis</i>	<b>AMP</b> S I R N	<b>DAPTO</b> S I R N	<b>LNZ</b> S I R N	<b>PENG</b> S I R N	<b>VANC</b> S I R N						
_____	<i>Enterococcus faecium</i>	<b>AMP</b> S I R N	<b>DAPTO</b> S I R N	<b>LNZ</b> S I R N	<b>PENG</b> S I R N	<b>QUIDAL</b> S I R N	<b>VANC</b> S I R N					
_____	<i>Staphylococcus aureus</i>	<b>CLIND</b> S I R N	<b>DAPTO</b> S I R N	<b>ERYTH</b> S I R N	<b>GENT</b> S I R N	<b>LNZ</b> S I R N	<b>OX</b> S I R N	<b>QUIDAL</b> S I R N	<b>RIF</b> S I R N	<b>TMZ</b> S I R N	<b>VANC</b> S I R N	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	<b>AMK</b> S I R N	<b>AMPSUL</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CIPRO</b> S I R N	<b>GENT</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N	<b>PIPTAZ</b> S I R N	<b>TOBRA</b> S I R N
_____	<i>Escherichia coli</i>	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFTRX</b> S I R N	<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFTRX</b> S I R N	<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N		
_____	<i>Klebsiella oxytoca</i>	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFTRX</b> S I R N	<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N		
_____	<i>Klebsiella pneumoniae</i>	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFTRX</b> S I R N	<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N		
_____	<i>Serratia marcescens</i>	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFOT</b> S I R N	<b>CEFTAZ</b> S I R N	<b>CEFTRX</b> S I R N	<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N		
_____	<i>Pseudomonas aeruginosa</i>	<b>AMK</b> S I R N	<b>CEFEP</b> S I R N	<b>CEFTAZ</b> S I R N		<b>CIPRO</b> S I R N	<b>IMI</b> S I R N	<b>LEVO</b> S I R N	<b>MERO</b> S I R N	<b>PIP</b> S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	<b>TMZ</b> 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		Label	
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Comments			