OMB No. 0920-0012
Exp. Date 09-30-2003

NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM
ANTIMICROBIAL USE AND RESISTANCE (AUR) SURVEILLANCE COMPONENT
MONTHLY REPORT FORM

YEAR:_____ **MONTH:**_____ **PATIENT GROUP:** _____ (ICU, INP, OUT) **UNIT NAME:** _____ (for ICU or AUR specialty unit only) **PATIENT DAYS:**_____

MICROBIOLOGY LAB DATA

Do not report duplicate isolates (i.e., the same bacteria in the same patient with the same antibiotic susceptibility pattern or surveillance cultures)

Total No. of CULTURES _____ (only clinical cultures processed for this month)	**S***	**I**	**R**	**Total Tested**	**Total Isolated**
Staphylococcus aureus					
vancomycin					
methicillin or nafcillin or oxacillin					
Coagulase-negative staphylococci					
vancomycin					
methicillin or nafcillin or oxacillin					
***Enterococcus* spp.**					
vancomycin					
Streptococcus pneumoniae					
penicillin					
cefotaxime or ceftriaxone					
Escherichia coli					
ceftazidime or cefotaxime or ceftriaxone					
ciprofloxacin or ofloxacin or levofloxacin					
Klebsiella pneumoniae					
ceftazidime or cefotaxime or ceftriaxone					
***Enterobacter* spp.**					
ceftazidime or cefotaxime or ceftriaxone					
imipenem or meropenem					
Pseudomonas aeruginosa					
piperacillin					
ceftazidime					
imipenem					
meropenem					
ciprofloxacin					
ofloxacin					
levofloxacin					

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 m(d)).
Public reporting burden of this collection of information is estimated to average 7 hours 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012)

YEAR:_____	MONTH:_____	PATIENT GROUP: _____ (ICU, INP, OUT)	UNIT NAME: _____ (for ICU or AUR specialty unit only)	PATIENT DAYS:_____

PHARMACY DATA

Parenteral Antibiotics			
Antibiotic	**Quantity Used**	**Antibiotic**	**Quantity Used**
ampicillin	g	cefmetazole	g
ampicillin*/sulbactam	g	cefotaxime	g
nafcillin	g	ceftazidime	g
oxacillin	g	ceftizoxime	g
penicillin G	mill. I.U.	ceftriaxone	g
procaine pen. G	mill. I.U.	cefepime	g
pen. G benzathine	mill. I.U.	aztreonam	g
piperacillin	g	imipenem	g
piperacillin*/tazobacta	g	meropenem	g
ticarcillin	g	vancomycin	g
ticarcillin*/clav. acid	g	quinupristin/dalfopristin	g
cefazolin	g	ciprofloxacin	g
cephalothin	g	ofloxacin	g
cefotetan	g	trovafloxacin	g
cefoxitin	g	levofloxacin	g
cefuroxime	g	**trimethoprim***sulfamethoxazole	g

Oral Antibiotics			
Antibiotic	**Quantity Used**	**Antibiotic**	**Quantity Used**
amoxicillin	g	cefixime	g
amoxicillin*/clav. acid	g	vancomycin	g
ampicillin	g	ciprofloxacin	g
dicloxacillin	g	norfloxacin	g
penicillin V	g	ofloxacin	g
cefadroxil	g	lomefloxacin	g
cephalexin	g	sparfloxacin	g
cefprozil	g	levofloxacin	g
cefaclor	g	tovafloxacin	g
cefuroxime axetil	g	**trimethoprim***sulfamethoxazole	g

*For combination drugs, record grams for the drug marked with the asterisk.