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

NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM
INFECTION WORKSHEET

NNID #: _____ **Infection ID #:** _____-_____ **Type:** N _____
Patient ID #: _____ **Patient name:** _____ **Sex:** M F
Admission date: ____-____-_____ (mm dd yy) **Age:** _____ (years/months/days)

Service: BUR GU OPH TRA GYN ORT CS MED PED ENT NS PLS GS ONC

HRN - Maternally acquired: Y N
Birthweight in grams: (A1) ≤ 1000 (A2) 1001-1500 (B) 1501-2500 (C) >2500
OB – Vaginal Delivery: Y N
WBN – Maternally acquired: Y N

Ward: _____ **ICU:** Y N **Type of ICU:** B C CT M MS N NS P R S T O: _____
Opt1: _____

Surgical Risk Factors

Operation: Y N
Procedure: AMP APPY BILI CARD CBGB CBGC CHOL COLO CRAN CSEC FUSN FX GAST HER HN HPRO HYST KPRO LAM MAST NEPH OBL OCVS OENT OES OEYE OGIT OGU OMS ONS OOB OPRO ORES OSKN PRST SB SKGR SPLE THOR TP VHYS VS VSHN XLAP

Date of operation: ____-____-_____ (mm dd yy) **Duration of operation:** _____hrs. _____min.
Wound class: C CC CO D U **Surgeon:** _____
General anesthesia: Y N **ASA classification:** 1 2 3 4 5
Emergency: Y N **Trauma:** Y N **Implant:** Y N
Endoscopic approach: Y N **Multiple procedures:** Y N
Opt2: _____

Infections and Their Related Risk Factors

Infection date: ____-____ (mm dd)

UTI: ASB SUTI OUTI
Indwelling urinary catheter: Y N
Other bladder instrumentation: Y N

PNEU: PNU1 PNU2 PNU3
CXR: Def Ventilator: Y N

SSI: Indicate specific site: _____
Detected during: A P R

BSI: LCBI CSEP
Central line(s): Y N TPN: Y N
Peripheral line(s): Y N Umbilical catheter: Y N

Infections other than UTI, SSI, PNEU, BSI: Major site: _____ Specific site: _____
Invasive device/procedure: Y N

Outcomes

Secondary bloodstream infection: Y N **Died:** Y N **Relationship to death:** CA CO NR U
Opt3: _____

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 32 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012).

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Laboratory Data

NNID#: _____ **Infection ID#:** _____-_____

Laboratory diagnosis: C A V N

Culture specimen: B BX CSF DD ID NSD R S ST U VC OTH _____

Opt4: _____

Antibiogram

Antibiotic agent	**Pathogen code:**	**Pathogen1**	**Pathogen2**	**Pathogen3**	**Pathogen4**
Amikacin					
Amoxicillin/Clavulanic Acid					
Ampicillin					
Ampicillin/Sulbactam					
Aztreonam					
Carbenicillin or Ticarcillin					
Cefaclor					
Cefamandole					
Cefazolin					
Cefepime					
Cefixime					
Cefmetazole					
Cefonicid					
Cefoperazone					
Cefotaxime					
Cefotetan					
Cefoxitin					
Ceftazidime					
Ceftizoxime					
Ceftriaxone					
Cefuroxime					
Cephalothin					
Chloramphenicol					
Ciprofloxacin					
Clindamycin					
Erythromycin					
Gentamycin					
Imipenem					
Kanamycin					
Meropenem					
Methicillin					
Metronidazole					
Nafcillin					
Nalidixic Acid					
Netilmicin					
Nitrofurantoin					
Norfloxacin					
Ofloxacin					
Oxacillin					
Penicillin					
Piperacillin					
Piperacillin/Tazobactam					
Rifampin					
Sulfisoxazole					
Teicoplanin					
Tetracycline					
Ticarcillin/Clavulanic Acid					
Tobramycin					
Trimethoprim					
Trimethoprim/Sulfamethoxazole					
Vancomycin					

Additional Optional Fields

a1_____ **a3**_____ **a5**_____

b1_____ **b3**_____ **b5**_____

c1_____ **c3**_____

d1_____ **d3**_____

e1_____ **e3**_____