



Table 5. Instructions for Completion of the LTCF Laboratory-identified (LabID) MDRO or CDI Event form (CDC 57.138)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the system.
Event ID	Event ID number will be auto-entered by the system.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all visits and admissions.
Social Security #	Required. Enter the resident's 9-digit numeric Social Security Number or Tax Identification (ID) Number.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name, Last, First, Middle	<i>Optional.</i> Enter the name of the resident.
Gender	Required. Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	Required. Record the date of the resident's birth using this format:
Ethnicity (specify)	<i>Optional.</i> Enter the resident's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	<i>Optional.</i> Enter the resident's race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Details	
Resident type	Required. Select short-stay or long-stay to indicate the resident type: Short-stay: Resident has been in facility for ≤ 100 days from date of first admission. Long-stay: Resident has been in facility for > 100 days from date of first admission.
Date of first admission to Facility	Required. The date of first admission is defined as the date the resident first entered the facility. This date remains the same even if the resident leaves the facility (e.g., transfers to another facility) for short periods of time (<30 consecutive days). If the resident leaves the facility and is away for > 30 consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.



Date of current admission to Facility	<p>Required. The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the date of first admission.</i> Enter date using this format: MM/DD/YYYY.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the resident leaves the facility for > 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be updated to the date of return to the facility. • If the resident has not left your facility for > 2 calendar days, then the date of current admission should not be changed. <p><i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2015 and returns on June 5, 2015, the current admission date would be 06/05/2015. One week later, the same resident goes to the ED for evaluation on June 12, 2015 and returns on June 13, 2015. The date of current admission stays 06/05/2015.</p>
Event Type	<p>Required. Event type = LabID. This will be auto-entered by the system.</p>
Date Specimen Collected	<p>Required. Enter the date the specimen was collected for this Event using format: MM/DD/YYYY. This is also the Date of Event.</p>
Specific Organism Type	<p>Required. Check the laboratory-identified MDRO identified from this specimen:</p> <p>MRSA, MSSA, VRE, <i>C. difficile</i>, CephR-<i>Klebsiella</i>, CRE-<i>E. coli</i>, CRE-<i>Enterobacter</i>, CRE-<i>Klebsiella</i>, or MDR-<i>Acinetobacter</i>.</p> <p>If multiple MDROs are identified from the same culture, create a new Event report for each one (i.e., 1 form for each pathogen).</p>



<p>Specimen Body Site/System</p>	<p>Required. Select the main body site/system from which the specimen was taken.</p> <ul style="list-style-type: none"> Cardio/Circulatory/Lymph (CARD) Central Nervous System (CNS) Digestive System (DIGEST) Eyes, Ears, Nose, and Throat (EENT) Endocrine (ENDCRN) Genitourinary (GU) Musculoskeletal (MSC) Reproductive Female (REPRF) Reproductive Male (REPRM) Respiratory (RESP) Skin/Soft Tissue (SST) Unspecified <p>For a list of codes used in the system see:</p> <p>http://www.cdc.gov/nhsn/Archive/PSmanual/LabID_Event_Specimen_Source_Codes_Final_010110.pdf (Column: specBodySite).</p>
<p>Specimen Source</p>	<p>Required. Enter the specific source from which the specimen was taken. Examples of specimen source by each specimen body site/system include:</p> <ul style="list-style-type: none"> <i>Cardio/Circulatory/Lymph (CARD):</i> Blood, Lymph node, Vein, Spleen <i>Central Nervous System (CNS):</i> Brain , CSF, Spinal Cord <i>Digestive System (DIGEST):</i> Stool, Rectal Swab, Liver, Stomach <i>Eyes, Ears, Nose, and Throat (EENT):</i> Mouth, Throat, Eye fluid <i>Endocrine (ENDCRN):</i> Thyroid, Thymus <i>Genitourinary (GU):</i> Genital swab, Perineal, Urethral swab, Urine <i>Musculoskeletal (MSC):</i> Fat, Bone, Muscle, Synovial fluid <i>Reproductive Female (REPRF):</i> Amniotic fluid, Ovary, Vaginal fluid <i>Reproductive Male (REPRM):</i> Prostatic fluid, Sperm <i>Respiratory (RESP):</i> BAL, Lung, Nasopharyngeal wash, Pleural fluid <i>Skin/Soft Tissue (SST):</i> Abscess, Skin, Soft tissue biopsy <p>For a complete list of specimen source options see:</p> <p>http://www.cdc.gov/nhsn/Archive/PSmanual/LabID_Event_Specimen_Source_Codes_Final_010110.pdf (Column: newCodeSpecimenSource).</p>
<p>Resident care location</p>	<p>Required. Enter the location where the resident was residing on the date the specimen was collected.</p>
<p>Primary resident service type</p>	<p>Required. Check the single primary service that best represents the type of care the resident is receiving on the date the specimen was collected:</p> <ul style="list-style-type: none"> Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.



<p>Has resident been transferred from an acute care facility in the past 3 months?</p>	<p>Required. Select “Yes” if the resident has been an inpatient of an acute care facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) and was directly admitted to your facility in the past three months, otherwise select “No”. -</p>
<p>If yes, date of last transfer from acute care to your facility</p>	<p>Conditionally Required. If the resident was transferred from acute care to your facility in the past 3 months, enter the most recent date of transfer. Use format: MM/DD/YYYY</p>
<p>If yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?</p>	<p>Conditionally Required. If the resident was on antibiotic therapy for this specific organism at the time of transfer to your facility select “Yes”, otherwise select “No”.</p>
<p>Documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event?</p>	<p>Non-editable. This is a system auto-populated field and is based on prior months LabID Events. “Yes” or “No” will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same patient in the prior month. Cannot be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a prior month, the system will auto-populate with a “Yes.”</p> <p>Note: This question is not used in the categorization of <i>C. difficile</i> LabID Events.</p>
<p>Custom Fields</p>	
<p>Labels</p>	<p><i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.</p> <p>NOTE: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.</p>
<p>Comments</p>	<p><i>Optional.</i> Enter any information on the event.</p>