

Primary Bloodstream Infection (BSI)

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*required for saving **required for completion

Facility ID:		Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Gender: F M Other		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
*Event Type: BSI		*Date of Event:	
Post-procedure BSI: Yes No		Date of Procedure:	
NHSN Procedure Code:		ICD-10-PCS or CPT Procedure Code:	
*MDRO Infection Surveillance:			
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module			
*Date Admitted to Facility:		*Location:	
Risk Factors			
*If ICU/Other locations, Central line: Yes No		Any hemodialysis catheter present: Yes No Location of Device Insertion: _____ Date of Device Insertion: ___/___/_____	
*If Specialty Care Area/Oncology,			
Permanent central line: Yes No			
Temporary central line: Yes No			
*If NICU,			
Central line, including umbilical catheter: Yes No			
Birth weight (grams):			
Event Details			
*Specific Event: Laboratory-confirmed			
*Specify Criteria Used:			
<u>Signs & Symptoms</u> (check all that apply)		<u>Underlying conditions for MBI-LCBI</u> (check all that apply):	
Any Patient <u>≤ 1 year old</u>		<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GI GVHD	
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Allo-SCT with diarrhea	
<input type="checkbox"/> Chills	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm ³)	
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Apnea	<u>Laboratory</u> (check one)	
	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Recognized pathogen(s) identified from one or more blood specimens	
		<input type="checkbox"/> Common commensal identified from ≥ 2 blood specimens	
**Died: Yes No		BSI Contributed to Death: Yes No	
Discharge Date:		*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.	
<small>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, and 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). CDC 57.108 (Front) Rev. 11 v8.6</small>			

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available): _____		VANC SIRN							
_____	_____ <i>Enterococcus faecium</i>		DAPTO SNSN	GENTHL^s SRN	LNZ SIRN	VANC SIRN				
_____	_____ <i>Enterococcus faecalis</i>									
_____	_____ <i>Enterococcus spp.</i> (Only those not identified to the species level)									
_____	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN		
		OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN			
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> (specify species) _____	AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN		
		GENT SIRN	IMI SIRN	MERO/DORI SIRN		PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
		TMZ SIRN	TOBRA SIRN							
_____	<i>Escherichia coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB^t SRN				
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
		TIG SIRN	TMZ SIRN	TOBRA SIRN						
_____	<i>Enterobacter</i> (specify species) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB^t SRN				
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
		TIG SIRN	TMZ SIRN	TOBRA SIRN						
_____	_____ <i>Klebsiella pneumonia</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DDRN	CEFOT/CEFTRX SIRN		
	_____ <i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB^t SRN				
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN			
		TIG SIRN	TMZ SIRN	TOBRA SIRN						

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Pathogen #	Gram-negative Organisms (<i>continued</i>)									
_____	<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				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> (specify species if available)	ANID S I R 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 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 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

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

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



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Custom Fields

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Comments