

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 *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)		Check all that apply: Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO) Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present Yes <input type="checkbox"/> No <input type="checkbox"/> *Known or suspected Munchausen Syndrome by Proxy during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> *Observed or suspected patient injection into vascular line(s) within the BSI infection window period Yes <input type="checkbox"/> No <input type="checkbox"/> *Epidermolysis bullosa during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> *Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected: <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Atrial lines (Right and Left) <input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter <input type="checkbox"/> Intra-aortic balloon pump (IABP) device <input type="checkbox"/> Non-accessed central line (not accessed inserted during the admission) <input type="checkbox"/> Peripheral IV or Midline catheter Location of Device Insertion: _____ Date of Device Insertion: ___/___/____	
<p>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, 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)).</p> <p>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).</p>			
CDC 57.108 (Front) Rev. 11 v9.4			

Event Details									
*Specific Event: Laboratory-confirmed									
*Specify Criteria Used:									
Signs & Symptoms (check all that apply)									
Any Patient		≤ 1 year old			Underlying conditions for MBI-LCBI (check all that apply):				
<input type="checkbox"/> Fever		<input type="checkbox"/> Fever			<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GI GVHD				
<input type="checkbox"/> Chills		<input type="checkbox"/> Hypothermia			<input type="checkbox"/> Allo-SCT with diarrhea				
<input type="checkbox"/> Hypotension		<input type="checkbox"/> Apnea			<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm ³)				
		<input type="checkbox"/> Bradycardia							
					Laboratory (check one)				
					<input type="checkbox"/> Recognized pathogen from one or more blood specimens				
					<input type="checkbox"/> Common commensal 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.				
COVID-19: Yes No If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected									
Pathogen #	Gram-positive Organisms								
	<i>Staphylococcus coagulase-negative</i> (specify species if available):	CEFOX/OX SRN	VANC SIRN						
	___ <i>Enterococcus faecium</i> ___ <i>Enterococcus faecalis</i> ___ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S S-DD NS R N	GENTHL ^s SRN	LNZ SIRN	VANC SIRN				
	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI SIRN	CEFOX/METH/OX SRN	CEFTAR S S-DD I R	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENT SIRN	
		LNZ SRN	RIF SIRN	TETRA SIRN	TMZ SIRN	VANC SIRN			
Pathogen #	Gram-negative Organisms								
	<i>Acinetobacter</i> (specify species) _____	AMK SIRN	AMPSUL SIRN	CEFTAZ/CEFOT/CEFTRX SIRN	CEFEP SIRN	CIPRO/LEVO SIRN	COL/PB SRN	DORI/MERO SIRN	
		DOXY/MINO SIRN	GENT SIRN	IMI SIRN	PIPTAZ SIRN	TMZ SIRN	TOBRA SIRN		
	<i>Escherichia coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFTAZ SIRN	CEFOT/CEFTRX SIRN	
		CEFEP S I/S- DDR N	CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB [†] IRN	DORI/IMI/MERO SIRN	DOXY/MINO/TETRA SIRN	
		ERTA SIRN	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	
		TOBRA SIRN							
	<i>Enterobacter</i> (specify species) _____	AMK SIRN	AZT SIRN	CEFTAZ SIRN	CEFOT/CEFTRX SIRN	CEFEP S I/S- DDR N	CEFTAVI SRN	CEFTOTAZ SIRN	
		CIPRO/LEVO/MOXI SIRN	COL/PB [†] IRN	DORI/IMI/MERO SIRN	DOXY/MINO/TETRA SIRN	ERTA SIRN	GENT SIRN	IMIREL SIRN	
		MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN			

Pathogen #	Gram-negative Organisms (continued)													
_____ <i>Klebsiella pneumoniae</i> _____ <i>Klebsiella oxytoca</i> _____ <i>Klebsiella aerogenes</i>	AMK S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFTAZ S I R N	CEFOT/CEFTRX S I R N	CEFEP S I /S- DD R N	CEFTAVI S R N	CEFTOTAZ S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB† I R N	DORI/IMI/MERO S I R N	DOXY/MINO/TETRA S I R N	ERTA S I R N
	GENT S I R N	IMIREL S I R N	MERVAB S I R N	PIPTAZ S I R N	TIG S I R N	TMZ S I R N	TOBRA S I R N							
<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFTAZ S I R N	CEFEP S I R N	CEFTAVI S R N	CEFTOTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	DORI/IMI/MERO S I R N	GENT S I R N	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 I R N	FLUCO S S-DD R N	MICA S I R N	VORI 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 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 are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= cefazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label		Label	
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Comments