

Pneumonia (PNEU)

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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:
*Sex: F M	*Date of Birth:
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond
Language: (Specify)	Interpreter needed: Yes No Declined to Respond Unknown
*Event Type: PNEU	*Date of Event:
Post-procedure PNEU: 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	
*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____ For NICU only: Birth weight: _____ grams	
Event Details	
*Specific Event: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 *Immunocompromised: Yes No *Specific Criteria Used: (check all that apply) <u>Imaging Test Results</u> <input type="checkbox"/> New or progressive and persistent <input type="checkbox"/> Infiltrate <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatocoles (in ≤1 y.o.) <u>Signs & Symptoms</u> <input type="checkbox"/> Fever <input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Leukopenia or leukocytosis <input type="checkbox"/> Organism(s) identified from pleural fluid <input type="checkbox"/> Altered mental status (in ≥70 y.o.) <input type="checkbox"/> Positive quantitative culture from LRT specimen <input type="checkbox"/> New onset/change in sputum <input type="checkbox"/> ≥5% BAL cells w/ bacteria <input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea <input type="checkbox"/> Positive quantitative culture of lung tissue <input type="checkbox"/> Rales or bronchial breath sounds† <input type="checkbox"/> Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae <input type="checkbox"/> Worsening gas exchange <input type="checkbox"/> Virus, <i>Bordetella</i> , <i>Legionella</i> , <i>Mycoplasma</i> or <i>Chlamydia</i> identified from respiratory secretions or tissue <input type="checkbox"/> Hemoptysis <input type="checkbox"/> 4-fold rise in paired sera for pathogen <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> antibody titer <input type="checkbox"/> Temperature instability <input type="checkbox"/> <i>L pneumophila</i> serogroup 1 antigens in urine <input type="checkbox"/> Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting <input type="checkbox"/> Matching <i>Candida</i> spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing <input type="checkbox"/> Hypothermia <input type="checkbox"/> Fungi from LRT specimen <input type="checkbox"/> Wheezing, rales, or rhonchi† <input type="checkbox"/> Cough <input type="checkbox"/> Bradycardia or tachycardia	
† There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).	
*Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3
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)).	

Public reporting burden of this collection of information is estimated to average 34 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.111 (Front)

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Pathogen #	Gram-positive Organisms								
	<i>Staphylococcus coagulase-negative</i> (specify species if available):	CEFOX/OX S R N	VANC S I R N						
	____ <i>Enterococcus faecium</i> ____ <i>Enterococcus faecalis</i> ____ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S I/S-DD N S R N	GENTHL^s S R N	LNZ S I R N	VANC S I R N				
	<i>Staphylococcus aureus</i>	CEFOX/METH/OX S R N	CEFTAR S S-DD I R N	CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	GENT S I R N	
		LNZ S R N	RIF S I R N	TETRA S I R N	TMZ S I R N	VANC S I R N			
Pathogen #	Gram-negative Organisms								
	<i>Acinetobacter</i> (specify species) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ/CEFOT/CEFTRX S I R N	CIPRO/LEVO S I R N	COL/PB S R N	DORI/MERO S I R N	
		DOXY/MINO S I R N	GENT S I R N	IMI S I R N	PIPTAZ S I R N	TMZ S I R N	TOBRA S I R N		
	<i>Escherichia coli</i>	AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	
		CEFTAVI S R N	CEFTAZ S I 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>Enterobacter</i> (specify species) _____	AMK S I R N	AZT S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	CEFTAVI S R N	CEFTAZ S I 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			

Pathogen #	Gram-negative Organisms (continued)									
	_____ <i>Klebsiella pneumoniae</i>	AMK	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX	CEFTAVI		
		S I R N	S I R N	S I R N	S I R N	S I/S-DD R N	S I R N	S R N		
	_____ <i>Klebsiella oxytoca</i>	CEFTAZ	CEFTOTAZ	CIPRO/LEVO/MOXI	COL/PB†	DORI/IMI/MERO	DOXY/MINO/TETRA	ERTA		
		S I R N	S I R N	S I R N	I R N	S I R N	S I R N	S I R N		
	_____ <i>Klebsiella aerogenes</i>	GENT	IMIREL	MERVAB	PIPTAZ	TIG	TMZ	TOBRA		
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N		
	<i>Pseudomonas aeruginosa</i>	AMK	AZT	CEFEP	CEFTAVI	CEFTAZ	CEFTOTAZ	CIPRO/LEVO		
		S I R N	S I R N	S I R N	S R N	S I R N	S I R N	S I R N		
		COL/PB	DORI/IMI/MERO	GENT	PIPTAZ	TOBRA				
		S I R N	S I R N	S I R N	S I R N	S I R N				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID	CASPO	FLUCO	MICA	VORI				
		S I R N	S I R N	S S-DD R N	S I R N	S I R N				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
	Organism 1 (specify) _____	Drug 1	Drug2	Drug3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	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= ceftazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label		Label	
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Comments