

MDRO or CDI Infection Event

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*Required for saving Facility ID:		**Required for completion Event #:	
*Patient ID:		Social Security #:	
Secondary ID:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Sex: F M		*Date of Birth:	
Ethnicity (Specify): 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 Details			
*Event Type: [For Event Type = BSI, PNEU, SSI, or UTI use the event specific from]		*Date of Event:	
Post Procedure Event: Yes No		Date of Procedure:	
MDRO/CDI Infection Surveillance: Yes	NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:	
*Specific Organism Type: (Select up to 3) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Enterobacter <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile			
*Date Admitted to Facility:		*Location:	
*Specific Event Type (used only for CDC defined events):			
Specify Criteria Used (check all that apply)			
<u>Signs and Symptoms</u> <input type="checkbox"/> Abscess <input type="checkbox"/> Heat <input type="checkbox"/> Dysuria <input type="checkbox"/> Apnea <input type="checkbox"/> Hypotension <input type="checkbox"/> Fever <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Bilious aspirate <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Abdominal distension <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Drainage or material* <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Diarrhea* <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure) <input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) <input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam * <input type="checkbox"/> Other signs and symptoms*		<u>Laboratory or Diagnostic Testing</u> <input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Not cultured <input type="checkbox"/> Organism(s) identified from blood specimen* <input type="checkbox"/> Other positive laboratory tests* <input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Pneumatosis intestinalis by radiograph <input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph <input type="checkbox"/> Pneumoperitoneum by radiograph <input type="checkbox"/> Imaging test evidence of infection*	
		<u>Clinical Diagnosis</u> <input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*	

* Per specific site criteria

***Clostridioides difficile* Infection**

*Admitted to ICU for CDI complications: Yes No *Surgery for CDI complications: Yes No

* Secondary Bloodstream Infection: Yes No *COVID-19 Yes No

**Died: Yes No Event contributed to death? Yes No

Discharge Date: ____ / ____ / ____ *Pathogens Identified: Yes No If yes, specify on Page 2

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 57.126 (Front) Rev 6 V. 8.6

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Pathogen #	Gram-positive Organisms
<i>Staphylococcus</i> coagulase- negative (specify species if available):	CEFOX/OX SRN VANC SIRN
_____ <i>Enterococcus</i> <i>faecium</i> _____ <i>Enterococcus</i> <i>faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S I/S-DD NS R N GENTHL^s SRN LNZ SIRN VANC SIRN
<i>Staphylococcus</i> <i>aureus</i>	CEFOX/METH/OX SRN CEFTAR S S-DD I RN CIPRO/LEVO/MOXI SIRN 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 CEFEP SIRN CEFTAZ/CEFOT/CEFTRX 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 CEFEP S I/S-DD RN CEFOT/CEFTRX SIRN CEFTAVI SRN CEFTAZ SIRN CEFTOTAZ SIRN ERTA SIRN GENT SIRN IMIREL SIRN MERVAB SIRN PIPTAZ SIRN TIG SIRN TMZ SIRN TOBRA SIRN CIPRO/LEVO/MOXI SIRN COL/PB[†] IRN DORI/IMI/MERO SIRN DOXY/MINO/TETRA SIRN ERTA SIRN GENT SIRN IMIREL SIRN
<i>Enterobacter</i> (specify species) _____	AMK SIRN AZT SIRN CEFEP S I/S-DD RN CEFOT/CEFTRX SIRN CEFTAVI SRN CEFTAZ SIRN 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>Klebsiella</i> <i>pneumoniae</i> _____ <i>Klebsiella</i> <i>oxytoca</i> _____ <i>Klebsiella</i> <i>aerogenes</i>	AMK SIRN AMPSUL/AMXCLV SIRN AZT SIRN CEFAZ SIRN CEFEP S I/S-DD RN CEFOT/CEFTRX SIRN CEFTAVI SRN CEFTAZ SIRN CEFTOTAZ SIRN ERTA SIRN GENT SIRN IMIREL SIRN MERVAB SIRN PIPTAZ SIRN TIG SIRN TMZ SIRN TOBRA SIRN CIPRO/LEVO/MOXI SIRN COL/PB[†] IRN DORI/IMI/MERO SIRN DOXY/MINO/TETRA SIRN ERTA SIRN GENT SIRN IMIREL SIRN
Pathogen #	Gram-Negative Organisms (continued)

	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAVI S R N	CEFTAZ S I 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	Drug2 S I R N	Drug3 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	Drug2 S I R N	Drug3 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	Drug2 S I R N	Drug3 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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