



Table 2. Instructions for Completion of the **MDRO or CDAD Infection Event** form (CDC 57.126)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be autoentered by the computer
Event #	Event ID number will be autoentered by the computer
Patient ID	Required. Enter the alphanumeric patient ID. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the patient across all visits and admissions.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter any other patient ID assigned by the facility.
Patient Name, Last First Middle	Optional. Enter the name of the patient.
Gender	Required. Circle M (Male) or F (Female) to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity (specify)	Optional. Enter the patient's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	Optional. Enter the patient's race: (select all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Details	
Event Type	Required. Enter infection event type other than BSI, DE, Pneumonia, SSI, or UTI. For reporting MDRO infections that are BSI, Pneumonia, SSI, or UTI, use those infection forms and instructions.
Date of Event	Required. Enter the date the first clinical symptoms of infection occurred or the date the first positive specimen was collected, whichever came first. Use format: MM/DD/YYYY.
Post Procedure Event	Required. Circle "Yes" if the infection occurred after an NHSN-defined procedure but before discharge from the facility, otherwise circle "No".
Date of Procedure	Conditionally required. If an NHSN-defined procedure was performed, enter date using this format: MM/DD/YYYY
MDRO/CDAD Infection	Required. Enter "Yes", if the pathogen is being followed for the MDRO/CDAD Module and is part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, MDR- <i>Klebsiella</i> , MDR- <i>Acinetobacter</i> or <i>C. difficile</i> .



Data Field	Instructions for Form Completion
	If the pathogen for this event happens to be an MDRO but your facility is <u>not</u> following the MDRO/CDAD Module in your Monthly Reporting Plan, answer “No” to this question.
NHSN Procedure code	Conditionally required. Answer this question only if this patient developed the MDRO or <i>C. difficile</i> infection during the same admission as an operative procedure. Enter the appropriate NHSN procedure code. NOTE: An MDRO infection cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the operation will be autoentered by the computer.
ICD-9-CM Procedure Code	Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be autoentered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the ICD-9-CM code.
Specific Organism Type	Required. Check the pathogen(s) identified for this infection event. You may select up to 3.
Date Admitted to Facility	Required. Enter date patient admitted to facility using this format: MM/DD/YYYY
Location	Required. Enter the nursing care area where the patient was assigned when the MDRO or <i>C. difficile</i> infection (CDI) was acquired. If the MDRO or CDI developed in a patient within 48 hours of discharge from a location, indicate the discharging location, not the current location of the patient.
Specific Event Type	Required. List the specific CDC-defined infection event type. For event type = BSI, PNEU, SSI or UTI this form should not be used. Use the form designed for that event.
Signs & Symptoms	Required. Using <u>CDC Definitions for Nosocomial Infections</u> check all signs and symptoms observed in the patient that were used to confirm the diagnosis of this infection event. This document is available at: (http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf).
Laboratory or Diagnostic Testing	Conditionally required. Indicate whether any blood cultures, other laboratory tests or radiologic exams were used to diagnose the infection.
<i>Clostridium difficile</i>-Associated Disease	
Admitted to ICU for CDAD complications	Conditionally required. If pathogen is <i>C. difficile</i> , circle “Yes” to indicate admission to ICU for <i>C. difficile</i> complications (e.g., shock that requires vasopressor therapy), otherwise circle “No”.
Surgery for CDAD complications	Conditionally required. If pathogen is <i>C. difficile</i> , circle “Yes” to indicate surgery for <i>C. difficile</i> complications, otherwise circle “No”. Surgery might include colectomy for toxic megacolon, perforation or refractory colitis.



Data Field	Instructions for Form Completion
Secondary Bloodstream Infection	Required. Circle "Yes" if there is a culture-confirmed bloodstream infection (BSI) during this admission, secondary to this infection, for the same pathogen. Otherwise circle "No".
Died	Required. Circle "Yes" if the patient died during this hospitalization, otherwise circle "No".
Event Contributed to Death	Conditionally Required. MDRO: If the patient died during this admission, circle "Yes" if the MDRO infection contributed to death, otherwise circle "No". CDAD: Circle "Yes" <u>only</u> if the patient died within 30 days after <i>C. difficile</i> infection symptom onset and during the current hospital admission.
Discharge Date	Optional. Enter the date the patient was discharged from the facility using this format: MM/DD/YYYY. If the patient died during this admission enter the death date.
Pathogens Identified	Required. Circle "Yes" if pathogen identified, "No" if otherwise; if "Yes" indicate the pathogen identified on the antibiogram on page 2. If the pathogen was <i>C. difficile</i> , enter it under <i>Other Organisms</i> but do not include antibiogram. Note: Any infection reported as an MDRO or CDI must have a pathogen identified.
Custom Fields and Labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields may be customized for local use. NOTE: Each custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter comments for local use and the values entered. These fields may not be analyzed.