



## Instructions for Completion of MDRO or CDI Infection Event form (CDC 57.126)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the NHSN application.
Event #	Event ID number will be assigned by the NHSN application.
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.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Circle M (Male), F (Female) or Other 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, Pneumonia, VAE, SSI, or UTI. For reporting MDRO infections that are BSI, Pneumonia, VAE, SSI, or UTI, use those infection forms and instructions.
Date of Event	Required. The date when the first element used to meet the specific event infection criterion occurred for the first time, during the Infection Window Period. Enter date of this event using this format: MM/DD/YYYY. <b>Note:</b> If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, use the last day of the previous month as the Date of Event. Synonyms: infection date, date of infection.
Post Procedure Event	Required. Circle "Yes" if the infection occurred after an NHSN-defined procedure but before discharge from the facility, otherwise circle "No".



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Date of Procedure	Conditionally required. If an NHSN-defined procedure was performed, enter the date when the NHSN procedure started using this format: MM/DD/YYYY.
MDRO Infection	<p>Required. Enter “Yes”, if the pathogen is being followed for <u>Infection Surveillance</u> in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-Klebsiella, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, or <i>Enterobacter</i>), MDR-Acinetobacter, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is <b>not</b> following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p>
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. <b>Note:</b> 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 auto-entered by the computer. For detailed instructions on how to report NHSN operative procedures, see the SSI chapter
ICD-10-PCS Procedure Code	Optional. The <u>ICD-10-PCS</u> code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS code. In either case, it is optional to select the ICD-10-PCS code. The only allowed ICD-10-PCS codes are those found in the excel documents in the SSI section of the NHSN website in the <u>“Supporting Materials” section</u> .
Specific Organism Type	Required. Check the pathogen(s) identified for this infection event. You may select up to 3.
Date Admitted to Facility	<p>Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY. The date admitted to facility should be the calendar date the patient is placed into an inpatient location for the facility.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all days, including any days spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the <u>first day spent in the inpatient location</u>.</li> <li>• When reporting an HAI which occurs on the day of or day after discharge, use the previous date of admission as admission date.</li> </ul>



Data Field	Instructions for Form Completion
Location	Required. Enter the inpatient location where the patient was assigned when the MDRO or <i>C. difficile</i> infection (CDI) was acquired (date of event). If the date of the infection event occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule.
Specific Event Type	Required. List the specific CDC-defined infection event type. For event type = BSI, VAE, PNEU, SSI, or UTI this form should <b>not</b> be used. Use the form designed for that event.
Signs & Symptoms	Required. Using the <a href="#">Surveillance Definitions</a> chapter check all signs and symptoms used to confirm the diagnosis of this infection event in the observed patient.
Laboratory or Diagnostic Testing	Conditionally required. Indicate whether any blood cultures, other laboratory tests or radiologic exams were used to diagnose the infection.
<b><i>Clostridioides difficile</i> Infection</b>	
Admitted to ICU for CDI complications	Conditionally required. If pathogen is <i>C. difficile</i> , circle “Yes” to indicate admission to ICU for <i>C. difficile</i> complications (for example, shock that requires vasopressor therapy), otherwise circle “No”.
Surgery for CDI 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.
Secondary Bloodstream Infection	Required. Circle “Yes” if there is a bloodstream infection (BSI) secondary to this infection identified, otherwise check “No”. For detailed instructions on identifying whether the blood organism identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix A of the BSI chapter). Otherwise circle “No”.
Died	Required. Circle “Yes” if the patient died during this hospitalization, otherwise circle “No”.
Event Contributed to Death	Conditionally Required. <b>MDRO:</b> If the patient died during this admission, circle “Yes” if such evidence is available indicating the MDRO infection contributed to death, specifically, death/discharge note, autopsy report, otherwise circle “No”. <b>CDI:</b> Circle “Yes” <u>only</u> if the patient died within 30 days after <i>C. difficile</i> infection symptom onset and <b>during the current hospital admission.</b>
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.



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	<p><b>Note:</b> Any infection reported as an MDRO or CDI must have a pathogen identified.</p>
Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	<p>Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN drop down list, then select the “spp” choice for the genus (for example, <i>Bacillus natto</i> would be reported as <i>Bacillus spp.</i>).</p>
Antimicrobial agent and susceptibility results	<p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> <li>• For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed.</li> <li>• For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional.</li> </ul> <p>Circle the pathogen’s susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p><b>Note:</b> Each custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	<p>Optional. Enter comments for local use and the values entered. These fields may not be analyzed.</p>