



Table 20. Instructions for Completion of the MDRO or CDI Infection Event form (CDC 57.126) ([Tables of Instructions List](#))

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the computer
Event #	Event ID number will be auto-entered 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 Infection	Required. Enter "Yes", if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-Klebsiella, CRE-E. coli, CRE-Klebsiella MDR-Acinetobacter or C. difficile.



Data Field	Instructions for Form Completion
	If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI 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 auto-entered 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 auto-entered 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. An NHSN Inpatient is defined as a patient whose date of admission to the healthcare facility and the date of discharge are <u>different</u> calendar days. When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such 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 first day spent in the inpatient location.
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 the criteria in Table 17, 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.
<i>Clostridium difficile</i> Infection	
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 (e.g., shock that requires vasopressor therapy), otherwise circle “No”.



Data Field	Instructions for Form Completion
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 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	<p>Conditionally Required.</p> <p>MDRO: If the patient died during this admission, circle “Yes” if the MDRO infection contributed to death, otherwise circle “No”.</p> <p>CDI: 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.</p>
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	<p>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.</p> <p>NOTE: Any infection reported as an MDRO or CDI must have a pathogen identified.</p>
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.