

2026 NHSN Gastrointestinal System Infection (GI) Checklist

Documentation Review Checklist		
GI - GASTROINTESTINAL SYSTEM INFECTION		
CDI-<i>Clostridioides difficile</i> Infection Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Element	Element Met	Date
<i>Clostridioides difficile</i> infection must meet at least <u>one</u> of the following criteria:		
1. Positive test for toxin-producing <i>C. difficile</i> on an unformed stool specimen (conforms to the shape of the container).	<input type="checkbox"/>	
2. Patient has evidence of pseudomembranous colitis on gross anatomic (includes endoscopic exams) or histopathologic exam.	<input type="checkbox"/>	
Comments: <ul style="list-style-type: none"> When using a multi-step testing methodology for CD identification, the result of the last test finding, which is placed onto the patient medical record, will determine if GI-CDI criterion 1 is met. The date of event for CDI criterion 1 will always be the specimen collection date of the unformed stool, specifically, not the date of onset of unformed stool. A positive test for toxin-producing <i>C. difficile</i> and an unformed stool specimen is a single element, and both are required to meet the criterion. 		
Reporting Instructions: <ul style="list-style-type: none"> Report the CDI and the GE or GIT <u>if</u> additional enteric organism(s) are identified and criteria are met for GE or GIT. Report each new GI-CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs (see NHSN HAI definitions in Chapter 2 for further details and guidance). CDI laboratory-identified event (LabID Event) categorizations (for example, recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare facility-associated) do not apply to HAIs, including <i>C. difficile</i> associated gastrointestinal infections (GI-CDI). 		

GI - GASTROINTESTINAL SYSTEM INFECTION		
GE-Gastroenteritis (excluding <i>C. difficile</i> infections)		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c		
Element	Element Met	Date
Gastroenteritis must meet at least <u>one</u> of the following criteria:		
1. Patient has an acute onset of diarrhea (liquid stools for > 12 hours) with no likely noninfectious cause (for example, diagnostic tests, therapeutic regimen other than antimicrobial agents, acute exacerbation of a chronic condition, or psychological stress information).	<input type="checkbox"/>	
2. Patient has at least <u>two</u> of the following signs or symptoms:		
• Nausea*	<input type="checkbox"/>	
• Vomiting*	<input type="checkbox"/>	
• Abdominal pain*	<input type="checkbox"/>	
• Fever (>38.0°C)	<input type="checkbox"/>	
• Headache*	<input type="checkbox"/>	
<u>AND</u> at least <u>one</u> of the following:		
a. An enteric pathogen is identified from stool or rectal swab by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
b. An enteric pathogen is detected by microscopy on stool.	<input type="checkbox"/>	
c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	<input type="checkbox"/>	
*With no other recognized cause		
Comment: <ul style="list-style-type: none"> The reference to “enteric pathogens” describes pathogens that are not considered to be normal flora of the intestinal tract. Enteric pathogens identified on culture or with the use of other diagnostic laboratory tests include <i>Salmonella</i>, <i>Shigella</i>, <i>Yersinia</i>, <i>Campylobacter</i>, <i>Listeria</i>, <i>Vibrio</i>, , STEC: Shiga toxin E. coli, EIEC: Enteroinvasive E. coli, EAEC: Enteroaggregative E. coli, DAEC: Diffusely adherent E. coli or <i>Giardia</i>. 		
Reporting Instruction: <ul style="list-style-type: none"> Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT. 		

GI - GASTROINTESTINAL SYSTEM INFECTION		
GIT-Gastrointestinal tract infection (esophagus, stomach, small and large bowel, and rectum) excluding gastroenteritis, appendicitis, and <i>C. difficile</i> infection		
Criterion met: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c <input type="checkbox"/> 2d		
Element	Element Met	Date
Gastrointestinal tract infections, excluding, gastroenteritis and appendicitis, must meet at least <u>one</u> of the following criteria:		
1. Patient has <u>one</u> of the following:		
a. An abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
b. Abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam (see Reporting Instructions) AND Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism from the NHSN Terminology Browser .	<input type="checkbox"/>	
2. Patient has at least <u>two</u> of the following signs or symptoms compatible with infection of the organ or tissue involved:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Nausea*	<input type="checkbox"/>	
• Vomiting*	<input type="checkbox"/>	
• Pain* or tenderness*	<input type="checkbox"/>	
• Odynophagia*	<input type="checkbox"/>	
• Dysphagia*	<input type="checkbox"/>	
AND at least <u>one</u> of the following:		
a. Organism(s) identified from drainage or tissue obtained during an invasive procedure or from drainage from an aseptically-placed drain by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
b. Organism(s) seen on Gram stain or fungal elements seen on KOH stain or multinucleated giant cells seen on microscopic examination of drainage or tissue obtained during an invasive procedure or from drainage from an aseptically-placed drain.	<input type="checkbox"/>	
c. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism from the NHSN Terminology Browser . AND Imaging test evidence definitive for gastrointestinal infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for gastrointestinal tract infection.	<input type="checkbox"/>	
d. Imaging test evidence definitive for gastrointestinal infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical	<input type="checkbox"/>	

correlation, specifically, physician or physician designee documentation of antimicrobial treatment for gastrointestinal tract infection.		
<i>*With no other recognized cause</i>		
Reporting Instructions: <ul style="list-style-type: none"> Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT. For GIT 1b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism. In patients > 1 year of age, pneumatosis intestinalis is considered an equivocal imaging finding for a gastrointestinal tract infection (GIT). For patients ≤ 1 year of age, please review the NEC criteria. 		

GI - GASTROINTESTINAL SYSTEM INFECTION		
IAB-Intraabdominal infection, not specified elsewhere, including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, retroperitoneal, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 3a <input type="checkbox"/> 3b		
Element	Element Met	Date
Intraabdominal infections must meet at least <u>one</u> of the following criteria:		
1. Patient has organism(s) identified from an abscess or from purulent material from intraabdominal space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
2. Patient has at least <u>one</u> of the following:		
a. Abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
b. Abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam (see Reporting Instruction) AND Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism from the NHSN Terminology Browser .	<input type="checkbox"/>	
3. Patient has at least <u>two</u> of the following:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Hypotension	<input type="checkbox"/>	
• Nausea*	<input type="checkbox"/>	
• Vomiting*	<input type="checkbox"/>	
• Abdominal pain or tenderness*	<input type="checkbox"/>	
• Elevated transaminase level(s)*	<input type="checkbox"/>	
• Jaundice*	<input type="checkbox"/>	
AND at least <u>one</u> of the following:		

<p>a. Organism(s) seen on Gram stain and/or identified from intraabdominal fluid or tissue obtained during invasive procedure or from an aseptically-placed drain in the intraabdominal space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage) by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).</p>	<input type="checkbox"/>	
<p>b. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism from the NHSN Terminology Browser.</p> <p>AND</p> <p>Imaging test evidence definitive for infection (for example, ultrasound, CT scan, MRI, ERCP, radiolabel scans [gallium, technetium, etc.], or on abdominal x-ray), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for intraabdominal infection†.</p>	<input type="checkbox"/>	
<p><i>*With no other recognized cause</i></p>		
<p>Reporting Instructions:</p> <ul style="list-style-type: none"> • †Biliary ductal dilatation is considered an equivocal finding for cholangitis. • For IAB 2b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism to the organism identified on histopathologic exam. • Do not report pancreatitis (an inflammatory syndrome characterized by abdominal pain, nausea, and vomiting associated with high serum levels of pancreatic enzymes) unless it is determined to be infectious in origin. • Eligible laboratory results that represent transaminase levels include serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), alanine transaminase (ALT), or aspartate transaminase (AST). Consider the requirement for elevated transaminase level(s) met if at least one is elevated as per the normal range provided by the laboratory. 		