Tables of Instructions

Table 1. Instructions for Completion of the Patient Safety Monthly Reporting Plan Form (CDC 57.106) (Tables of Instructions List)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
No NHSN Patient Safety Modules Followed this Month	Conditionally required. Check this box if you do not plan to follow any of the NHSN Patient Safety Modules during the month and year selected.
Device-Associated Module	
Locations	Conditionally required. If you plan to follow device-associated events, enter the location codes for those facility locations where patients are housed overnight and from which you will collect denominator data (i.e., inpatient locations). If you plan to follow CLIP (see below), any type of patient care location where central lines are inserted may be entered.
CLABSI	Conditionally required. If you plan to follow device-associated events, check this box if you will collect central line-associated bloodstream infection (CLABSI) data and corresponding summary (denominator) data for the location in the left column.
DE	Conditionally required. If you plan to follow device-associated events, check this box if you will collect dialysis event (DE) data and corresponding summary (denominator) data for the outpatient dialysis location in the left column.
VAP	Conditionally required. If you plan to follow device-associated events, check this box if you will collect ventilator-associated pneumonia (VAP) data and corresponding summary (denominator) data for the location in the left column.
CAUTI	Conditionally required. If you plan to follow device-associated events, check this box if you will collect catheter-associated urinary tract infection (CAUTI) data and corresponding summary (denominator) data for the location in the left column.
CLIP	Conditionally required. Check this box if you will collect central line insertion practice (CLIP) data for the location indicated in the left column. These locations may be any type of patient care area where central lines are inserted (e.g., ward, OR, ED, ICU, outpatient clinic, etc.).
Procedure-Associated Module	
Procedures	Conditionally required. If you plan to follow procedure-associated events, list the procedure codes for those NHSN operative procedures for which you will collect data about selected procedure-associated events and procedure-level denominator data.

Data Field	Instructions for Form Completion
SSI (Circle one setting)	Conditionally required. For each selected NHSN operative procedure in the left column, if you plan to follow SSIs, choose the patient population for which you will monitor this procedure. Circle "In" to follow only inpatients, circle "Out" to follow only outpatients, or circle "Both" to follow inpatients and outpatients. If SSIs will not be monitored for a listed procedure for this month, do not circle any of the choices.
Post-procedure PNEU	Conditionally required. For each selected NHSN operative procedure in the left column, if you plan to follow post-procedure pneumonia (PPP), circle "In". If you do not monitor PPP, leave this unmarked. **NOTE:** Inpatient ("In") is the only setting option for monitoring post-procedure pneumonia.
Medication-Associated Module: Antimicrobial Use and Resistance	
Locations	Conditionally required. If you plan to follow the antimicrobial use and/or resistance (AUR) options, enter the location codes for those facility locations from which you will collect data about antimicrobial use and/or resistance.
Antimicrobial Use	Conditionally required. Check if you will submit antimicrobial use data for the selected location.
Antimicrobial Resistance	Conditionally required. Check if you will submit antimicrobial resistance data for the selected location.
MDRO and CDI Module	
For reporting overall facility-wide data:	
Locations (FacWideIN/OUT)	Conditionally required. Choose either FacWideIN, to perform overall facility-wide surveillance for all inpatient locations, or FacWideOUT, to perform overall facility-wide surveillance for all outpatient locations, if you plan to perform LabID Event reporting for an organism at the facility-wide level, instead of by location (i.e., using Methods C or D). To report LabID Events from both overall facility-wide inpatient and outpatient locations, you must choose both FacWideIN and FacWideOUT. (These will be added on two separate rows.)
Specific Organism Type	Conditionally required. Enter each organism you will be following for LabID Event reporting at the facility-wide level: MRSA, MRSA/MSSA, VRE, CephR-*Klebsiella* spp., CRE-*E. coli*, CRE-*Klebsiella* spp., MDR-*Acinetobacter* spp. and/or *C. difficile.*
LabID Event (All specimens or Blood specimens only)	Conditionally required. Choose whether you plan to report the specific MDRO as LabID Events at the facility-wide level for All specimens or for Blood specimens only. *C. difficile* must be reported for All specimens for LabID Event reporting at the facility-wide level.
Locations	Conditionally required. If you plan to perform Infection Surveillance and/or LabID Event reporting by specific location (i.e., Methods A or

Data Field	Instructions for Form Completion
	B), or if you plan to monitor process and/or outcome measures, then indicate the location(s) where specific monitoring will occur. You must add/complete a row for a second and each subsequent location.
Specific Organism Type	Conditionally required. Enter the organism you will be monitoring for a specific location: MRSA, MRSA/MSSA, VRE, CephR-*Klebsiella* spp., CRE-*E. coli*, CRE-*Klebsiella* spp., MDR-*Acinetobacter* spp. and/or *C. difficile.* If you plan to monitor more than one organism in a location, then a separate row must be completed for each organism for that location.
Infection Surveillance	Conditionally required. For the given location and organism, indicate if you plan to participate in Infection Surveillance. Infection Surveillance or LabID Event reporting in at least one patient care area is required for each organism your facility chooses to monitor (MRSA, MRSA/MSSA, VRE, CephR-*Klebsiella* spp., CRE-*E. coli*, CRE-*Klebsiella* spp., MDR-*Acinetobacter* spp. and/or *C. difficile*).
AST Timing	Conditionally required. For the given location and MRSA or VRE, if you plan to perform active surveillance testing (AST) for MRSA or VRE, indicate whether testing will be done on admission (Adm) only or at admission and at discharge/transfer (Both).
AST Eligible	Conditionally required. For the given location and MRSA or VRE, circle "All" if **all** patients will be eligible for AST, or, circle "NHx" to indicate that the only patients eligible for testing will be those with no history of MRSA or VRE colonization or infection in the past 12 months as documented by the admitting facility.
Incidence	Conditionally required. Select if you plan to report incidence of the organism (MRSA or VRE) at the location listed in the left column using AST and clinical positives.
Prevalence	Conditionally required. Select if you plan to report prevalence of the organism (MRSA or VRE) at the location listed in the left column using AST, clinical positive, and known positives.
LabID Event (All Specimens)	Conditionally required. For the given location and organism, indicate if you plan to monitor for Laboratory-identified (LabID) Events. Infection Surveillance or LabID Event reporting in at least one patient care area is required for each organism your facility chooses to monitor (MRSA, MRSA/MSSA, VRE, CephR-*Klebsiella* spp., CRE-*E. coli*, CRE-*Klebsiella* spp., MDR-*Acinetobacter* spp. and/or *C. difficile*).
HH	Conditionally required. Select this if you plan to monitor Hand Hygiene adherence in the location specified. Ideally, this should be the patient care location(s) also selected for MDRO or *C. difficile* surveillance.
GG	Conditionally required. Select this if you plan to monitor gown and gloves use adherence in the location specified. Ideally, this should be

Data Field	Instructions for Form Completion
	the patient care location(s) also selected for MDRO or *C. difficile* surveillance.
Vaccination Module	
Summary-Method or Patient-level Method:	Conditionally required. If you plan to follow this module, select either Summary-Method or Patient-level Method.

Table 2. Instructions for Completion of the Primary Bloodstream Infection (BSI) Form (CDC 57.108) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID 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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. BSI.
Date of event	Required. The date when the first clinical evidence of the BSI appeared or the date the blood culture was collected, whichever comes first. Enter date of this event using this format: MM/DD/YYYY. NOTE: 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, attribute the infection to the previous month.
Post-procedure BSI	Optional. Check Y if this event occurred after an NHSN defined procedure but before discharge from the facility, otherwise check N.
NHSN procedure code	Conditionally required. If Post-procedure BSI = Y, enter the appropriate NHSN procedure code. **NOTE:** A BSI 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. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection

Data Field	Instructions for Data Collection
	Event Chapter (Chapter 9 of NHSN Manual: Patient Safety Component Protocol) are allowed.
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*. 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.
Location	Required. Enter the inpatient location to which the patient was assigned when the BSI was identified. If the BSI develops in a patient within 48 hours of transfer from a location, indicate the transferring location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).
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.
Risk Factors: If ICU/Other locations, central line	Required. Answer this question if the location is an intensive care unit (ICU) or location other than a specialty care area (SCA) or neonatal intensive care unit (NICU). Check Y if patient had a central line during the 48 hour period before event date, otherwise check N. **NOTE:** If the patient has both a peripheral and a central line and the BSI can clearly be attributed to the peripheral line (e.g., pus at insertion site and matching pathogen from pus and blood), check N.
Risk Factors: If Specialty Care Area, Permanent central line	Required. Answer these questions if the location is an SCA: Check Y if patient had a tunneled or implanted central line during the 48-hour period before event date, otherwise check N.
Temporary central line	Check Y if patient had a non-tunneled central line during the 48-hour period before event date, otherwise check N.

Data Field	Instructions for Data Collection
Risk Factors: If NICU,	Required. Answer these questions if the location is an NICU:
Central line	Check Y if patient had a non-umbilical central line during the 48-hour period before event date, otherwise check N.
Umbilical catheter	Check Y if patient had an umbilical catheter during the 48-hour period before event date, otherwise check N.
Birthweight	Required. Enter patient's weight at the time of birth in grams, not the weight on the date of event.
Location of device insertion	Optional. Enter the patient location where the central line was inserted. • If the patient has more than one central line, enter the location where the first central line was inserted. • If the patient has both a permanent and a temporary central line, enter the location where the temporary line was inserted. • If the patient has both an umbilical and a non-umbilical central line, enter the location where the umbilical line was inserted.
Date of device insertion	Optional. Enter the date the central line was inserted. If the patient has more than one central line, enter the insertion date for the first line that was inserted.
Event Details: Specific event	Required. Check Laboratory-confirmed (LCBI).
Event Details Specify criteria used:	Required. Check each of the elements of the criterion that was used to identify this infection.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: BSI contributed to death	Conditionally required if patient died. Check Y if the BSI contributed to death, otherwise check N.
Event Details: Discharge date	Optional. Date patient discharged from facility using this format: MM/DD/YYYY.
Event Details: Pathogen identified	Required. Enter Y if pathogen identified; otherwise check N. If Yes, specify pathogen(s) on reverse of form (see Table 2a for instructions). **NOTE:** If LCBI, this field will be auto filled by the computer as Y.
Custom fields and labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that 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 any information on the event.

Table 2a. Instructions for Completion of the Back of the Following Forms: Primary Bloodstream Infection (CDC 57.108); Pneumonia (CDC 57.111); Urinary Tract Infection (CDC 57.114); Surgical Site Infection (CDC 57.120); Dialysis Event (CDC 57.109); MDRO and CDI Infection Event (CDC 57.126) (Tables of Instructions List)

Data Field	Instructions for Data Collection/Entry
For specified Gram-positive, organisms, Gram-negative organisms, or other organisms, Pathogen #	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 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 (e.g., *Bacillus cohnii* would be reported as *Bacillus* spp.).
Antimicrobial agent and susceptibility results	Conditionally required if Pathogen Identified = Y. • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, enter a susceptibility result for at least one antimicrobial agent, even if that result is "Not Tested". Circle the pathogen's susceptibility result using the codes on the event forms. Additional antimicrobial agents and susceptibility results may be reported for up to a total of 20 agents.

Table 3. Instructions for Completion of the Central Line Insertion Practices Adherence Monitoring Form (CDC 57.125) (Tables of Instructions List)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID 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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name: Last, first, middle	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race (specify)	Optional. Check all the boxes that apply to identify the patient's race.
Event Type	Required. CLIP.
Location	Required. Enter the location of the patient at the time of the central line insertion.
Date of insertion	Required. Enter the date of central line insertion (MM/DD/YYYY).
Person recording insertion practice data	Required. Select inserter or observer.
Central line inserter ID	Optional. Enter the HCW ID# of the person inserting the central line.
Name, Last, First	Optional. Enter last name and first name of person inserting the central line.
Occupation of inserter	Required. Check the occupational category of the person inserting the central line Fellow; IV Team; Medical Student; Other Medical Staff; Physician Assistant; Attending physician; Intern/Resident; Other student; PICC Team. If Other than these, please specify.
Reason for insertion	Required. Check the primary reason for inserting the central line: New indication (e.g., hemodynamic monitoring, fluid/medication administration, etc.); Replace malfunctioning central line; Suspected central line-associated infection. If Other, please specify.

Data Field	Instructions for Form Completion
If Suspected central line-associated infection, was the central line exchanged over a guidewire?	Conditionally required. Answer this only if reason for insertion is suspected central line-associated infection. Check Y if the central line was exchanged over a guidewire; otherwise Check N.
Inserter performed hand hygiene prior to central line insertion	Required. Check Y if the inserter appropriately performed hand hygiene prior to inserting central line; otherwise check N. Appropriate hand hygiene includes the use of alcohol-based hand rub or soap and water hand wash. If not observed directly, ask inserter.
Maximal sterile barriers used	Required. Indicate whether each of the 5 barriers was used appropriately, by checking Y or N. **NOTE:** If inserter wore either a mask or a mask with eye shield, the Y box for Mask should be checked.
Skin preparation	Required. Check all that apply: Chlorhexidine gluconate; Povidone iodine; Alcohol; Other. If Other is chosen, specify prep used.
Was skin preparation agent completely dry at time of first skin puncture?	Required. Check Y if the skin prep agent was allowed to dry completely at the time of first skin puncture; otherwise select N. If not observed directly, ask inserter.
Insertion site	Required. Check the site of insertion of the central line: Femoral; Jugular; Lower Extremity; Scalp; Subclavian; Umbilical; Upper extremity.
Antimicrobial coated catheter used	Optional. Check Y if antimicrobial coated catheter was used; otherwise check N.
Central line catheter type	Required. Check the type of central line inserted: Dialysis non-tunneled; Dialysis tunneled; Non-tunneled (other than dialysis); Tunneled (other than dialysis); PICC; Umbilical. If other, please specify. 'Other' should only be marked when none of the other options apply. It should not be used to specify brand names or number of lumens. Most lines can be categorized accurately by selecting from the options provided.
Custom Fields and Labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that 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 any additional information on the central line insertion.

Table 4. Instructions for Completion of Pneumonia (PNEU) Form (CDC 57.111) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID 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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. PNEU.
Date of event	Required. The date when the first clinical evidence of the PNEU appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first. Enter date of this event using this format: MM/DD/YYYY. NOTE: 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, attribute the infection to the previous month.
Post-procedure PNEU	Required. Check Y if this event occurred after an NHSN defined procedure but before discharge from the facility, otherwise check N.
Date of procedure	Conditionally required. If Post-procedure PNEU = Y, then enter the date the procedure was done.
NHSN procedure code	Conditionally required. Answer this question only if this patient developed the PNEU during the same admission as an operative procedure. Enter the appropriate NHSN procedure code.

Data Field	Instructions for Data Collection
	NOTE: A PNEU 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. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection Event Chapter (Chapter 9 of NHSN Manual: Patient Safety Component Protocol) are allowed.
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*. 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.
Location	Required. Enter the inpatient location to which the patient was assigned when the PNEU was identified. If the PNEU develops in a patient within 48 hours of transfer from a location, indicate the transferring location, not the current location of the patient.
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.
Risk Factors Ventilator	Required. Check Y if the patient with PNEU had a device to assist or control respiration continuously through a tracheostomy or by endotracheal intubation, inclusive of the weaning period, within the 48-hour period before developing infection, otherwise check N.

Data Field	Instructions for Data Collection
Birth weight	Conditionally required. If the patient is a NICU patient, enter the patient's birth weight in grams, not the weight on the date of event.
Location of device insertion	Optional. Enter the patient location where the intubation and ventilation procedure was performed
Date of device insertion	Optional. Enter the date the intubation and ventilation procedure was performed.
Event Details: PNEU Specific event	Required. Check one: Clinically Defined Pneumonia (PNU1), Pneumonia with specific laboratory findings (PNU2), or Pneumonia in immunocompromised patients (PNU3), whichever criteria are met for this event.
Event Details: Specify criteria used	Required. Check each of the elements that were used to identify this infection.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related pneumonia, otherwise check N.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: PNEU contributed to death	Conditionally required. If the patient died, check Y if the PNEU contributed to death, otherwise check N.
Event Details: Discharge date	Optional. Date patient discharged from facility.
Event Details: Pathogen identified	Required. Enter Y if Pathogen Identified, N otherwise; if Yes, specify on reverse (See Table 2a for instructions)
Custom fields and labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that 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 any information on the event.

Table 5. Instructions for Completion of Urinary Tract Infection (UTI) Form (CDC 57.114) (Tables of Instructions List)

Data Field	Instructions for Data Collection/Entry
Facility ID #	The NHSN-assigned facility ID 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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. UTI.
Date of event	Required. The date when the first clinical evidence of the UTI appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first. Enter date of this event using this format: MM/DD/YYYY. NOTE: 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, attribute the infection to the previous month.
Post-procedure UTI	Optional. Check Y if this event occurred after an NHSN defined procedure but before discharge from the facility, otherwise check N.
Date of procedure	Conditionally required. If Post-procedure UTI = Y, enter the date the procedure was done.
NHSN procedure code	Conditionally required. If Post-procedure UTI = Y, enter the appropriate NHSN procedure code. **NOTE:** A UTI 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	Optional. The ICD-9-CM code may be entered here instead of (or in

Data Field	Instructions for Data Collection/Entry
code	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. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection Event Chapter (Chapter 9 of NHSN Manual: Patient Safety Component Protocol) are allowed.
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*. 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.
Location	Required. Enter the inpatient location to which the patient was assigned when the UTI was identified. If the UTI develops in a patient within 48 hours of transfer from a location, indicate the transferring location, not the current location of the patient.
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 different 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.
Risk factor: Urinary catheter status at time of specimen collection	Required. Check "In place" if urinary catheter was in place at time of urine specimen collection; Check "Removed within 48 hours prior" if a urinary catheter was removed within the 48 hours before urine specimen was collected; Check "Not in place nor within 48 hours prior" if no urinary catheter was in place at the time of or within the 48 hours prior to urine specimen collection.
Location of device insertion	Optional. Enter the patient location where the indwelling urethral catheter was inserted.
Date of device insertion	Optional. Enter the date the indwelling urethral catheter was inserted.
Event details: Specific event: UTI	Required. Check Symptomatic UTI (SUTI), Asymptomatic Bacteremic UTI (ABUTI), or Other UTI (OUTI), for the specific event type you are reporting.
Event details: UTI	Required. Check each of the elements of the criteria that were used to

Data Field	Instructions for Data Collection/Entry
Specify criteria used	identify the specific type of UTI being reported.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related healthcare-associated UTI, otherwise check N.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: UTI contributed to death	Conditionally required. If patient died, check Y if the UTI contributed to death, otherwise check N.
Event Details: Discharge date	Optional. Date patient discharged from facility.
Event Details: Pathogens identified	Required. Enter Y if pathogen identified, N if otherwise. If Y, specify organism name on reverse. For SUTI with secondary BSI and ABUTI, enter only the matching organism(s) identified in both urine and blood cultures (See Table 2a for instructions).
Custom fields and labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields that 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 any information on the event.

Table 6. Instructions for the Completion of Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or SCA) (CDC 57.118)

(Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of patients	Required. For each day of the month selected, record the number of patients on the unit. Record this number at the same time each day.
Number of patients with 1 or more central lines	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more central lines. NOTE: "If the patient has only a tunneled or implanted central line, begin recording days on the first day the line was accessed and continue until the line is discontinued or the patient is transferred/discharged." NOTE: 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, attribute the infection to the previous month.
Number of patients with a urinary catheter	Conditionally required. Complete if you have chosen catheter-associated urinary tract infection (CAUTI) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who have an indwelling urinary catheter. NOTE: 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, attribute the infection to the previous month.
Number of patients on a ventilator	Conditionally required. Complete if you have chosen ventilator-associated pneumonia (VAP) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who are on a ventilator. NOTE: If a device has been pulled on the first day of the month in a location

Data Field	Instructions for Data Collection
	where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month.
Total	Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Table 7. Instructions for Completion of the Denominators for Specialty Care Area (SCA) (CDC 57.117) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of patients	Required. For each day of the month selected, record the number of patients on the unit. Record this number at the same time each day.
Number of patients with 1 or more central lines	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month.
Temporary	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more non-tunneled central lines.
Permanent	For each day of the month, at the same time each day, record the number of patients on the selected unit who have 1 or more tunneled or implanted central lines beginning on the first day the permanent line was accessed and continuing until the line is discontinued or the patient is transferred/discharged. **NOTE:** If a patient has both a temporary and a permanent line in place, count only the temporary line.
Number of patients with a urinary catheter	Conditionally required. Complete if you have chosen catheter-associated urinary tract infection (CAUTI) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who have an indwelling urinary catheter.
Number of patients on a ventilator	Conditionally required. Complete if you have chosen ventilator-associated pneumonia (VAP) as an event to follow in your Plan for this month. For each day of the month, at the same time each day, record the number of patients on the selected unit who are on a ventilator.
Total	Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Table 8. Instructions for Completion of the Denominators for Neonatal Intensive Care Unit (NICU) (CDC 57.116) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Birthweight Categories	Required. The birthweight categories are as follows: A = ≤750 g; B = 751-1000 g; C = 1001-1500 g; D = 1501-2500 g; E = >2500 g. Data on this form are stratified by this category.
Number of patients (Pts)	Required. For each day of the month selected, record the number of patients in each birthweight category on the unit. Record this number at the same time each day.
Number of patients with each of the following:	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month for this unit. If you choose to monitor CLABSI in the NICU population, you must collect data for both umbilical catheters and for non-umbilical central lines.
Umbilical catheter (U/C)	For each day of the month, at the same time each day, record the number of patients in each birthweight category on the selected unit who have an umbilical catheter in place.
Non-umbilical central line (CL)	For each day of the month, at the same time each day, record the number of patients in each birthweight category on the selected unit who have 1 or more non-umbilical central line(s) in place. **NOTE:** If an infant has both an umbilical catheter and a non-umbilical central line, count as an umbilical catheter day only.
Number of patients on a ventilator (VNT)	Conditionally required. Complete if you have chosen ventilator-associated pneumonia (VAP) as an event to follow in your Plan for this unit for this month. For each day of the month, at the same time each day, record the number of patients in each birthweight category on the selected unit who are on a ventilator.
Total	Required. Totals for each column should be calculated. This is the number that will be entered into the NHSN application.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Table 9. Instructions for Completion of Dialysis Event (DE) form (CDC 57.109) (Tables of Instructions List)

Data Field	Instructions for Completion
Facility ID #	NHSN-assigned facility ID will be auto-entered by the computer.
Event ID #	Event ID # will be auto-entered by the computer.
Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the healthcare facility and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient Name	Optional. Enter the last, first and middle name of the patient.
Gender	Required. Check "Female", "Male", 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): Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race (specify):	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. Enter DE – Dialysis Event.
Date of Event	Required. Date depends on event type: • For IV antimicrobial starts, enter the date the IV antimicrobial was started. • For positive blood cultures, enter the date the blood specimen was collected. • For pus, redness, or increased swelling at the vascular access site, enter the onset date. Enter date of this-event using this format: MM/DD/YYYY.
Location	Required. Enter the location code of the outpatient dialysis unit that is collecting Dialysis Event information.
Risk Factors: Vascular access type	Required. Check **all** vascular accesses that the patient has present. • Fistula • Graft • Tunneled central line • Nontunneled central line • Other access device (examples of "other access device" include catheter-graft hybrid access and ports)

Data Field	Instructions for Completion
Access Placement Date	Required. For each access type, indicate the date the access was placed or check the box if placement date is unknown. Enter date using this format: MM/DD/YYYY.
Event Details:	
Specify Event IV antimicrobial start	Required. Check one or more of the dialysis event types below: Check "IV antimicrobial start" if patient is given any IV antimicrobial agents as an outpatient for any reason: not only IV vancomycin starts and not only for vascular access problems. There must be 21 or more days from the end of the first IV antimicrobial start to the beginning of a second IV antimicrobial start for two starts to be considered separate dialysis events. • If IV antimicrobials are stopped for less than 21 days and then restarted, the second start is NOT considered a new dialysis event. • If IV antimicrobials are stopped for 21 or more days and then restarted, this is considered a new event.
Was IV vancomycin started?	Conditionally required for IV antimicrobial start dialysis events. Indicate whether IV vancomycin was started by checking "Yes" or "No".
Positive blood culture	Check "Positive blood culture" if the patient's blood culture is positive, even if it is thought to be unrelated to the vascular access. Include all positive blood cultures taken as an outpatient or within 1 calendar day after a hospital admission. Two positive blood cultures, based on the dates the blood samples were collected, must be 21 or more days apart to be considered separate positive blood culture dialysis events. Use the most recent positive blood culture when applying the 21 day rule. • If positive blood cultures occur less than 21 days apart, based on the blood sample collection dates, the second positive blood culture is NOT considered a new dialysis event.
Suspected source of positive blood culture (check one):	Conditionally required for positive blood culture dialysis events. Check the suspected source of the positive blood culture: ▪ <u>Vascular access:</u> Choose "Vascular access" if there is objective evidence of vascular access infection and the vascular access is thought to be the source of the positive blood culture. ▪ <u>A source other than the vascular access:</u> Choose "A source other than the vascular access" if either (a) or (b) is true: a) a culture from another site (e.g., infected leg wound, urine) shows the same organism found in the blood and is thought to be the source of the positive blood culture b) there is clinical evidence of infection at another site and the other site is thought to be the source of the positive blood culture, but the site was not sampled for culture

Data Field	Instructions for Completion
	▪ Contamination: Choose "Contamination" if the organism isolated from the blood culture is thought by the physician, infection preventionist, or head nurse to be a contaminant. Contamination is more likely if the organism is a common skin contaminant and is isolated from only one blood culture. Examples of some common skin contaminants include: diphtheroids [*Corynebacterium* spp.], *Bacillus* [not *B. anthracis*] spp., *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp. ▪ Uncertain: Choose "Uncertain" only if there is insufficient evidence to decide among the three previous categories.
If positive blood culture, specify pathogen on pages 2-3: Pus, redness, or increased swelling at the vascular access site Check the access site(s) with pus, redness, or increased swelling:	Conditionally required for positive blood culture. Indicate the pathogen(s) and antimicrobial susceptibility results on pages 2-3 as instructed in Table 2a of Tables of Instructions. Choose "Pus, redness, or increased swelling at the vascular access site" for each new episode where the patient has onset of pus, or greater than expected redness or swelling at a vascular access site. Conditionally required if there is pus, redness, or increased swelling at the vascular access site. Check vascular access site(s) with these findings: ▪ Fistula ▪ Graft ▪ Tunneled central line ▪ Nontunneled central line ▪ Other access device (e.g., hybrid)
Problem(s): Fever Chills or rigors Drop in Blood Pressure Wound (NOT related to vascular access) with pus or increased redness Cellulitis Pneumonia or respiratory infection Other	Required. For each problem, check all that are present. Check if fever ≥ 37.8ºC (100ºF) oral is present. Check if chills or rigors are present Check if abnormal drop in blood pressure is present. Check if a wound that is unrelated to the vascular access site has pus or increased redness. Check if cellulitis is present at a site other than the vascular access and without open wound. Check if pneumonia or respiratory infection is present. Specify other problem related to the IV antimicrobial start, positive blood culture and/or pus, redness, or increased swelling at vascular access site.
Outcome(s)	Required.

Data Field	Instructions for Completion
Hospitalization	Check "Yes" if the patient was hospitalized related to the event or problem. Check "No" if patient was not hospitalized. Check "Unknown" if uncertain about whether or not the patient was hospitalized.
Death	Check "Yes" if the patient died related to the event or problem. Check "No" if patient did not die. Check "Unknown" if uncertain about whether or not the patient died.
Custom fields	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 any information on the Dialysis Event. This information might not be analyzed.

Table 10. Instructions for Completion of Denominators for Outpatient Dialysis: Census Form (CDC 57.119) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code for the outpatient dialysis location from which you will collect data about dialysis incidents.
Month	Required. Record the month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of chronic hemodialysis patients	Required. For each type of vascular access listed, record the number of patients who received maintenance hemodialysis at this location during the first two working days of the month. Record each patient **only once**. If a patient has more than one vascular access, record the access type with highest risk for infection. In descending or order of risk: - Nontunneled central line (highest risk) - Tunneled central line - Other access device (e.g., hybrid access device) - Graft - Fistula (lowest risk) For example, if a patient has a fistula and a tunneled central line, record as having a tunneled central line. If the patient has a fistula and a "jump graft" record the patient as having a graft. If the patient has only a catheter-graft hybrid or a port, record as "other access device".
Total patients	Required. The sum of all patients listed above will enter automatically.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.

Table 11. Instructions for Completion of the AUR Option Forms (CDC 57.123 and CDC 57.124) (Tables of Instructions List)

As of 2010, these forms were retired.

Please refer to Patient Safety Component Manual Chapter 11 for the protocol for collecting and reporting of Antimicrobial Use Option data, which became available for use in v6.4 (June 2011). Note that this option does not have a data collection form or manual data entry and instead uses Clinical Document Architecture (CDA) as the sole means of data reporting. Appendix A gives detailed instructions of the data field specifications.

The Antimicrobial Resistance Option is currently undergoing revision, and no data may be reported to NHSN at this time.

Table 12. Instructions for Completion of the Surgical Site Infection (SSI) Form (CDC 57.120) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID 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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. Enter SSI.
Date of event	Required. The date when the first clinical evidence of the SSI appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first. Enter date of this event using this format: MM/DD/YYYY.
NHSN procedure code	Required. Enter the appropriate NHSN procedure code. For detailed instructions on how to report NHSN operative procedures, see Chapter 9 of NHSN Patient Safety Component Manual. **NOTE:** An SSI 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.
Date of procedure	Required. Enter date using this format: MM/DD/YYYY.
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. The only allowed ICD-9-CM codes are shown in Table 1: NHSN Operative Procedure Category Mappings to ICD-9-CM Codes in the Surgical Site Infection Event chapter (Chapter 9 of

Data Field	Instructions for Data Collection
	NHSN Patient Safety Component Manual).
Outpatient Procedure	Required. Check Y if this operative procedure was performed on an NHSN outpatient; otherwise check N.
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*. 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.
Location	Required. Enter the patient care area where the patient was assigned in the postoperative period. Inpatient or outpatient locations are allowed, but Operating Room locations are not allowed.
Date admitted to facility	Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an operative procedure performed during a previous admission, enter the date of admission of the facility stay in which the operative procedure was performed. An NHSN Inpatient is defined as a patient whose date of admission to the healthcare facility and the date of discharge are different 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.
Event details specific event SSI	Required. Check the appropriate level of SSI from the list ___Superficial incisional primary (SIP) ___Superficial incisional secondary (SIS) ___Deep incisional primary (DIP) ___Deep incisional secondary (DIS) ___ Organ/space: __ (Indicate specific site code from Table 2. Specific Sites of Organ/Space SSI in the Surgical Site Infection Event chapter [Chapter 9] of NHSN Patient Safety Component Manual.)
Event details: SSI Specify criteria used	Required. Check each of the elements of the definition that were used to identify the specific type of SSI. Specific Organ/space event types have their own unique criteria which must be met. They are found in Chapter 17 of the Patient Safety Component Manual: CDC/NHSN Surveillance Definition of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting**.**
Event details: Detected	Required. Check A if SSI was identified before the patient was discharged from the

Data Field	Instructions for Data Collection
	facility following the operation. Check P if SSI was identified during post-discharge surveillance. Include as P those SSI identified by another facility (i.e., patient with SSI was admitted to a facility other than the one in which the operation was performed). Check R if SSI was identified due to patient readmission to the facility where the operation was done.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related healthcare-associated infection at the surgical site, otherwise check N.
Event details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: SSI contributed to death	Conditionally required. If patient died, check Y if the SSI contributed to death, otherwise check N.
Event Details: Discharge date	Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an operative procedure performed in a previous admission, enter the date of discharge of the facility stay in which the operative procedure was performed.
Event Details: Pathogens identified	Required. Enter Y if Pathogen Identified, N if otherwise. If Y, specify organism name on reverse. See Table 2a above for instructions.
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 any information on the event.

Table 13. Instructions for Completion of the Denominator for Procedure form (CDC 57.121) (Tables of Instructions List)

This form is used for reporting data on each patient having one of the NHSN operative procedures selected for monitoring.

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Procedure #	The NHSN-assigned Procedure # will be auto-entered by the computer
Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male 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 Hispanic or Latino Not Hispanic or Not Latino	Optional. If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. Enter the code for procedure (PROC).
NHSN Procedure code	Required. Enter the appropriate NHSN procedure code.
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. The only allowed ICD-9-

Data Field	Instructions for Data Collection
	CM codes are listed in Table 1: NHSN Operative Procedure Category Mappings to ICD-9-CM Codes in the Surgical Site Infection Event chapter (Chapter 9 of NHSN Patient Safety Component Manual).
Date of procedure	Required. Record the date when the NHSN procedure was done using this format: MM/DD/YYYY.
Procedure Details:	
Outpatient:	Required. Check Y if this operative procedure was performed on an NHSN outpatient, otherwise check N.
Duration:	Required. Enter the interval in hours and minutes between the skin incision and skin closure.
Wound class:	Required. Check the appropriate wound class from the list.
General anesthesia:	Required. Check Y if general anesthesia was used for the operative procedure, otherwise check N.
ASA class:	Conditionally Required. Required for Inpatient procedures only. Check numeric ASA classification at the time of the operative procedure.
Emergency:	Required. Check Y if this operative procedure was a nonelective, unscheduled operative procedure, otherwise check N. Emergency operative procedures are those that do not allow for the standard immediate preoperative preparation normally done within the facility for a scheduled operation (e.g., stable vital signs, adequate antiseptic skin preparation, colon decontamination in advance of colon surgery, etc.).
Trauma:	Required. Check Y if operative procedure was performed because of blunt or penetrating traumatic injury to the patient, otherwise check N.
Endoscope:	Required. Check Y if the entire operative procedure was performed using an endoscope/laparoscope, otherwise check N. **NOTE:** For CBGB, if the donor vessel was harvested using an endoscope, check Y.
Surgeon code:	Optional. Enter code of the surgeon who performed the principal operative procedure.

Data Field	Instructions for Data Collection
Implant: Non-autologous Transplant:	Required. Check Y if a nonhuman-derived object, material, or tissue was permanently placed in a patient during the operative procedure and will not be routinely manipulated for diagnostic or therapeutic purposes. Otherwise check N Required. Check Y if human cells, tissues, organs, or cellular- or tissue-based products that derived from another human body, either a donor cadaver or a live donor, were placed into a human recipient via grafting, infusion, or transfer. Otherwise check N.
CSEC: Height	Conditionally required. If operative procedure is CSEC, enter patient height in feet and inches or meters and centimeters.
CSEC: Weight	Conditionally required. If operative procedure is CSEC, enter patient weight in pounds or kilograms.
CSEC: Duration of labor	Conditionally required. If operative procedure is CSEC, enter the number of hours the patient labored in the hospital prior to operative procedure. If the duration of labor is >99 hours, record 99.
CSEC: Estimated blood loss	Conditionally required. If operative procedure is CSEC, enter the estimated blood loss in ml. If the estimated blood loss is >2000 ml, record 2000 ml.
Circle one: FUSN RFUSN	Conditionally required. If operative procedure is FUSN or RFUSN, circle the procedure that was done.
FUSN/RFUSN: Spinal level	Conditionally required. If operative procedure is FUSN or RFUSN, check appropriate spinal level of procedure from list. • Atlas-Axis – C1-C2 only • Atlas-Axis/Cervical – C1-C7 (any combination excluding C1-C2 only) • Cervical – C3-C7 (any combination) • Cervical/Dorsal/Dorsolumbar – Extends from any cervical through any lumbar levels • Dorsal/dorsolumbar – T1 – L5 (any combination of thoracic and lumbar) • Lumbar/Lumbosacral – L1-S5 (any combination of lumbar and sacral) • Not specified – Level not specified (should be used rarely) If not specified, record will not be included in SIR calculations.
FUSN/RFUSN: Diabetes mellitus	Conditionally required. If operative procedure is FUSN

Data Field	Instructions for Data Collection
	or RFUSN, check Y if patient is known to have diabetes mellitus, otherwise check N.
FUSN/RFUSN: Approach/Technique	Conditionally required. If operative procedure is FUSN or RFUSN, check appropriate surgical approach or technique from list.
HPRO:	Conditionally required. If operative procedure is HPRO, select TP (Total Primary), PP (Partial Primary), TR (Total Revision) or PR (Partial Revision) from the list. **NOTE**: When hardware is inserted for the first time, use the "primary" designation; otherwise, indicate that the procedure was a revision.
KPRO:	Conditionally required. If operative procedure is KPRO, select T – Primary (Total), R – Revision (Total or Partial) from list. **NOTE**: When hardware is inserted for the first time, use the "primary" designation; otherwise, indicate that the procedure was a revision.
Custom fields and labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields may be customized for local use.

Table 14. Instructions for Completion of the Vaccination Monthly Monitoring Form – Summary Method (57.130) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the computer.
Vaccination type	Required; defaulted to "Influenza" by the computer.
Influenza subtype	Required. Check one: □ Seasonal □ Non-seasonal
Month	Required. Record using this format: MM
Year	Required. Record using this format: YYYY
1. Total # of patient admissions	Required. The count of NHSN inpatients admitted to the facility during the month being monitored.
2. Total # of patients aged 6 months and older meeting criteria for influenza vaccination	Required. The count of NHSN inpatients meeting criteria for vaccination. Include in this count any patients who have been previously vaccinated during the current influenza season.
3. Total # of patients previously vaccinated during current influenza season	Optional. The count of NHSN inpatients who had previously received influenza vaccination during the current influenza season by either history or documentation. Patients requiring a second vaccine should not be included in the count of those previously vaccinated.
4. Total patients not previously vaccinated during current influenza season (Box 2 - Box 3)	Required. The difference in the count of NHSN inpatients meeting criteria for influenza vaccination (Box 2) minus the count of NHSN inpatients who had been previously vaccinated during the current influenza season (Box 3). This number will be auto-entered by the computer.
5. Patients meeting criteria offered vaccination but declining for reasons other than medical contraindication	Required. The count of NHSN inpatients meeting criteria for influenza vaccination who were offered vaccination but who declined for reasons other than medical contraindication(s).
6. Patients meeting criteria offered vaccination but having medical contraindication	Required. The count of NHSN inpatients meeting criteria for influenza vaccination who were offered vaccination but who declined because of medical contraindication(s).
7. Patients meeting criteria receiving vaccination during admission	Required. The count of NHSN inpatients meeting criteria for influenza vaccination who had documentation in the medical record of receiving influenza vaccination during the course of their hospital admission prior to being discharged.
8. Total patients offered vaccination (Box 5 + Box 6 + Box 7)	Required. The sum of the count of NHSN inpatients who were offered influenza vaccination but who declined for reasons other than medical contraindication(s) (Box 5) plus those offered vaccination but declined because of medical contraindication(s) (Box 6) plus those with documentation in the medical record of receiving vaccination during the course of their hospital admission (Box 7). The number in this box should be less than or equal to the number in Box 4. This number will be auto-entered by the computer.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. NOTE: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use. Data in these fields may be analyzed.

Table 15. Instructions for Completion of the Vaccination Monthly Monitoring Form – Patient-Level Method (CDC 57.131) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the computer.
Vaccination type	Required; defaulted to " Influenza" by the computer.
Influenza subtype	Required. Check one: □Seasonal □Non-seasonal
Month	Required. Record using this format: MM
Year	Required. Record using this format: YYYY
1. Total # of patient admissions	Required. The count of NHSN inpatients admitted to the facility during the month being monitored.
2. Total # of patients aged 6 months and older meeting criteria for influenza vaccination	Required. The count of NHSN inpatients meeting criteria for vaccination. Include in this count any patients who have been previously vaccinated during the current influenza season.
3. Total # of patients previously vaccinated during current influenza season	Optional. The count of NHSN inpatients who had previously received influenza vaccination during the current influenza season by either history or documentation. Patients requiring a second vaccine should not be included in the count of those previously vaccinated.
4. Total patients not previously vaccinated during current influenza season (Box 2 - Box 3)	Required. The difference in the count of NHSN inpatients meeting criteria for influenza vaccination (Box 2) minus the count of NHSN inpatients who had been previously vaccinated during the current influenza season (Box 3). This number will be auto-entered by the computer.
Label and data fields	Optional. Up to five numeric fields may be customized for local use. **NOTE**: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use. Data in these fields may be analyzed.

Table 16. (Form has been retired and is no longer used.)

(**Tables of Instructions List**)

Table 17. Instructions for Completion of the Patient Vaccination Form (CDC 57.133)

(Tables of Instructions List)

Data Field	Instructions for Data Collection
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 number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Circle F (female) or M (male) 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	Optional. Indicate the patient's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race	Optional. Indicate the patient's race (all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Type	Required. FLUVAX.
Influenza subtype	Required. Check one: □Seasonal □Non-seasonal.
Vaccine offered	Required. Check Yes or No.
Vaccine declined	Required. Check Yes or No.
Reason(s) vaccine declined A. Medical contraindication(s) B. Personal reason(s) for declining	Conditionally required. If patient declined influenza vaccination, check all that apply in either section A or section B, but not both. If reasons exist in both categories then section A, medical contraindications, takes priority and should be completed.

Data Field	Instructions for Data Collection
Vaccine administered	Required. Check Yes or No.
Date vaccine administered	Conditionally required. If vaccine administered, indicate date given using this format: MM/DD/YYYY
Type of influenza vaccine administered Seasonal or Non-seasonal	Conditionally required. If vaccine administered, indicate which vaccine (seasonal or non-seasonal) and whether it was a live attenuated vaccine (LAIV) or inactivated vaccine (TIV) formulation. If both seasonal and non-seasonal vaccines are administered to a patient, complete a separate Patient Vaccination form for each.
Manufacturer	Conditionally required. If vaccine administered, influenza vaccine manufacturer will be auto-entered by computer when vaccine type is selected.
Lot number	Conditionally required. If vaccine administered, enter the lot number of the vaccine given to the patient.
Route of administration	Conditionally required. If vaccine administered, indicate the route of administration used.
Vaccine Information Statement Provided to Patient	Optional. If vaccine administered, indicate what type of information statement was provided, if any, and the edition date using this format: MM/DD/YYYY; otherwise, check “None or unknown”.
Person administering vaccine: Vaccinator ID	Optional. If vaccine administered, indicate vaccinator identifier. This is an identifier assigned by the facility and may consist of any combination of numbers and/or letters.
Person administering vaccine: Title	Optional. If vaccine administered, indicate title of vaccinator (RN, LPN, Nurse Assistant, etc.).
Person administering vaccine: Name	Optional. If vaccine administered, indicate name of vaccinator by last name, first name, middle name or initial.
Person administering vaccine: Work address, City, State, Zip code	Optional. This information will be auto-entered by the computer.
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 NHSN before the field can be selected for use. Data in these fields may be analyzed.
Comments	Optional. Enter comments about this vaccination. Data in this field cannot be analyzed.

Table 18. Instructions for Completion of the Influenza Vaccination Standing Orders Form - Optional (CDC 57.134) (Tables of Instructions List)

Data Field	Instructions for Data Collection
Facility ID	Required. Blank space for facility to place identification information of the facility as indicated or required by the facility.
Patient identifiers	Required. Blank space for facility to place patient identification label or stamp as indicated. Minimum information required includes the alphanumeric patient ID (i.e., the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters), gender, and date of birth.
DO NOT VACCINATE	Optional. Check one of the choices.
Vaccine offered	Required. Check Yes or No.
Influenza Subtype	Conditionally required. Check Seasonal or Non-seasonal.
Vaccine declined	Required. Check Yes or No.
Reason(s) vaccine declined	Conditionally required. If patient declined influenza vaccination, check all that apply in either section A or section B, but not both. If reasons exist in both categories then section A, medical contraindications, takes priority and should be completed.
Orders	Required. Check Vaccinate; Do NOT Vaccinate; or Standing Order – no signature required.
Physician signature	Conditionally required. Signature of ordering physician is required if standing order policy is not in place and checked.
Vaccine administered	Required. Check Yes or No.
Date administered	Conditionally required. If vaccine administered, enter date in MM/DD/YYYY format.
Type of influenza vaccine administered: Seasonal or Non-seasonal	Conditionally required. If vaccine administered, indicate which specific vaccine of the seasonal or non-seasonal type was given, and whether it was a live attenuated vaccine (LAIV) or inactivated vaccine (TIV) formulation.
Manufacturer	Conditionally required. If vaccine administered, enter name of manufacturer.
Lot number	Conditionally required. If vaccine administered, enter lot number used.
Route of administration	Conditionally required. If vaccine administered, indicate route of administration used.
Vaccine information statement (VIS) provided to patient	Optional. If vaccine administered, indicate type and edition date of vaccine information statement provided, if no vaccine information statement was provided (None), or if it is unknown.
Vaccinator ID and Title of Person Administering Vaccine	Optional. If vaccine administered, indicate vaccinator identifier. This is an identifier assigned by the facility and may consist of any combination of numbers and/or letters. Indicate the title of the

Data Field	Instructions for Data Collection
	vaccinator (RN, LPN, Nurse Assistant, etc.).
Name	Optional. If vaccine administered, indicate name of vaccinator by last name, first name, middle name or initial.
Work Address, City, State, Zip code	Optional. If vaccine administered, indicate work address of vaccinator. Typically, this would be the facility's address.

Table 19. Instructions for Completion of the Laboratory-identified MDRO or CDI Event form (CDC 57.128) (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. If available, data will be auto-entered from Patient Form.
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. Event type = LabID.
Date Specimen Collected	Required. Enter the date the specimen was collected for this event using format: MM/DD/YYYY
Specific Organism Type	Required. Check the pathogen identified for this specimen from one of the following laboratory-identified organism types: MRSA, MSSA (if tracking MRSA & MSSA), VRE, CephR-*Klebsiella*, CRE-*E. coli*, CRE-*Klebsiella,* MDR-*Acinetobacter* or *C. difficile*. Use one form per LabID event (i.e., 1 form for each pathogen).
Outpatient	Required. Select "Yes" if the LabID Event is being reported from an outpatient location where there are no admissions (e.g., emergency department, wound care clinic, etc.). If the patient was an outpatient, Date Admitted to Facility and Date Admitted to Location are not required.
Specimen Body Site	Required. Enter the main body site from which the specimen was taken using the description that is most specific. (e.g., digestive system, central nervous system, etc.)

Data Field	Instructions for Form Completion
Specimen Source	Required. Enter the specific anatomic site from which the specimen was taken using the source description that is most accurate from the available choices (e.g., bile specimen, specimen from brain, etc.)
Date Admitted to Facility	Conditionally required. Enter the date the patient was admitted to facility using this format: MM/DD/YYYY. If the LabID Event was reported from an outpatient location, leave this blank. An NHSN Inpatient is defined as a patient whose date of admission to the healthcare facility and the date of discharge are different 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	Conditionally required. Enter the patient care area where the patient was assigned when the laboratory-identified MDRO or *C. difficile* event specimen was collected (i.e., the NHSN "transfer rule" does not apply for LabID events). Special Case: If a specimen collected in the emergency department is positive for an MDRO or CDI, and the patient it is collected from is admitted to the facility on the SAME date into a location that is monitoring LabID Events for the identified MDRO or CDI, then that specimen can be reported as the first specimen for the patient in that admitting inpatient location for the month. If the facility is also monitoring LabID Events for the same MDRO or CDI in the emergency department, then the same specimen for the patient would also be reported a second time for that outpatient location.
Date Admitted to Location	Conditionally required. Enter the date the patient was admitted to the patient care area where laboratory-identified monitoring is being performed and where the specimen was collected from the patient. Any days spent in an inpatient location, whether as an officially admitted patient or as an "observation" patient, contribute to exposure risk. An NHSN Inpatient is defined as a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days. Therefore, all such days are included in the counts of patient days for the facility and specific location. Special Emergency Department Cases: Note that because of existing business rules for edit checks in NHSN, the date of specimen collection must be the same date or later than the admission date.
Documented prior evidence of infection or colonization with this specific organism type from a previously	Non-editable. "Yes" or "No" will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same patient. Cannot be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a prior month, the system will auto-populate with a "Yes."

Data Field	Instructions for Form Completion
reported LabID Event?	
Has patient been discharged from your facility in the past 3 months?	Required. Circle "Yes" if the patient has been an inpatient and discharged from your facility in the past three months, otherwise circle "No".
Date of last discharge from your facility	Conditionally Required. If the patient was discharged from your facility in the past 3 months (previous question is circled "Yes"), enter the most recent date of discharge prior to the current admission. Use format: MM/DD/YYYY
Custom Fields	
Labels	Optional. Up to two date fields, 2 numeric and 10 alphanumeric fields that 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 any information on the Event. This information may not be analyzed.

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 *C. difficile* 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 *C. difficile* 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.
***Clostridium difficile* Infection**	
Admitted to ICU for CDI complications	Conditionally required. If pathogen is *C. difficile*, circle "Yes" to indicate admission to ICU for *C. difficile* 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 *C. difficile*, circle "Yes" to indicate surgery for *C. difficile* 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	Conditionally Required. **MDRO**: If the patient died during this admission, circle "Yes" if the MDRO infection contributed to death, otherwise circle "No". **CDI:** Circle "Yes" only if the patient died within 30 days after *C. difficile* 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 *C. difficile,* enter it under *Other Organisms* 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.

Table 21. Instructions for Completion of the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.127) (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
Month	Required. Enter the 2-digit month during which surveillance was performed.
Year	Required. Enter the 4-digit year during which surveillance was performed.
Location Code	Required. Enter the code of the patient care location where the outcome measures monitoring was done.
Total Patient Days	Conditionally Required. If this is a single inpatient location, enter the total number of patient days for this location for the month. If this is for FacWideIN location code, enter the total number of patient days for all facility inpatient locations combined for the month. All of the facility's inpatient locations with an overnight stay should be included, where denominators can be accurately collected and there is the possibility of the MDRO to be present, transmitted, and identified in that specific location. For further information on counting patient days, go to http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf.
Total Admissions	Conditionally required. If this is a single inpatient location, enter the total number of admissions for this location for the month. If this is for FacWideIN location code, enter the total number of admissions for all facility inpatient locations combined for the month. All of the facility's inpatient locations with an overnight stay should be included, where denominators can be accurately collected and there is the possibility of the MDRO to be present, transmitted, and identified in that specific location. For further information on counting admissions, go to http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf.
Total Encounters	Conditionally required. If this is for LabID Event monitoring being performed in a single outpatient and/or emergency room location, enter the total number of patient visits/encounters for the location for the month. If this is for LabID Event monitoring being performed at the FacWideOUT level, enter the total number of patient visits/encounters for all facility outpatient locations combined for the month.
Patient Days	Conditionally Required. If LabID *C. difficile* Events are being monitored at the FacWideIN level, then Total Patient Days (as calculated from guidance above) **minus** any patient days for NICU or Well Baby Nurseries must be entered here.
Admissions	Conditionally Required. If LabID *C. difficile* Events are being monitored at the FacWideIN level, then Total Admissions (as calculated from guidance above) **minus** any admissions for NICU or Well Baby Nurseries must be entered here.

Data Field	Instructions for Form Completion
Encounters	Conditionally Required. If LabID *C. difficile* Events are being monitored at the FacWideOUT level, then Total Encounters (as calculated from guidance above) **minus** any encounters for Well Baby Clinics must be entered here.
MDRO and CDI Infection Surveillance or LabID Event Reporting	
Infection Surveillance	Conditionally required. Selections for Infection Surveillance will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO or *C. difficile* organism for monitoring Infection Surveillance "off-plan" in the location during the time period specified.
LabID Event (All specimens)	Conditionally required. Selections for LabID Event reporting of All specimens will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO or *C. difficile* organism for monitoring LabID Events for All specimens "off-plan" in the location during the time period specified.
LabID Event (Blood specimens only)	Conditionally required. Selections for LabID Event reporting of Blood specimens only will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO for monitoring LabID Events for Blood specimens only "off-plan" at the facility-wide level during the time period specified.
Process Measures (Optional)	
Hand Hygiene Performed	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of the patient and appropriate hand hygiene was performed (i.e., Hand Hygiene Performed).
Indicated	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of the patient and therefore, appropriate hand hygiene was indicated (i.e., Hand Hygiene Indicated).
Gown and Gloves Used	Required for gown and gloves use adherence process measures. Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate objects in the immediate vicinity of the patient for which gloves and gowns had been donned prior to the contact (i.e., Gown and Gloves Used).
Indicated	Required for gown and gloves use adherence process measures. Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate objects in the immediate vicinity of the patient and therefore, gloves and gowns were indicated (i.e., Gown and Gloves Indicated).
Active Surveillance Testing (For MRSA & VRE only)	
Active Surveillance Testing performed	Required for active surveillance testing adherence process measures. For MRSA and VRE only. Selections for AST Performed will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select either MRSA

Data Field	Instructions for Form Completion
	or VRE for which active surveillance testing is being done "off-plan" during the time period specified.
Timing of AST • Adm • Both	Required for active surveillance testing adherence process measures. Choose the time period when surveillance testing will be performed. Specimens for AST can be obtained at the time of admission (Adm), or at the time of admission and for patients' stays of > 3 days, at the time of discharge/transfer (Both).
AST Eligible Patients • All • NHx	Required for admission surveillance testing adherence process measures. If all admitted patients were tested choose All. Circle NHx if performing AST only on those patients admitted to the patient care location with no documentation at the time of admission of MRSA and/or VRE colonization or infection in ≤ 12 months (NHx). That is, no specimen positive for MRSA and/or VRE for this patient during previous stays at this facility or from information provided by referring facilities in ≤ 12 months.
Admission AST • Performed • Eligible	Required for admission surveillance testing adherence process measures. Enter the number of patients eligible for admission AST and who had a specimen obtained for testing ≤ 3 days of admission (i.e., Admission AST Performed). Enter the number of patients eligible for admission surveillance testing. (i.e., Admission AST Eligible)
Discharge/Transfer AST • Performed • Eligible	Required for discharge/transfer active surveillance testing adherence process measures. For patients' stays > 3 days, enter the number of discharged or transferred patients eligible for AST and who had a specimen obtained for testing prior to discharge or transfer, not including the admission AST (i.e., Discharge/Transfer AST Performed). For patients' with stays of > 3 days, enter the number of patients eligible for discharge/transfer surveillance testing; were negative if tested on admission. (i.e., Discharge/Transfer AST Eligible).
Outcome Measures (Optional) - MRSA & VRE ONLY	
Prevalent Cases AST/Clinical Positive	Required for prevalent case - AST/clinical positive outcome measures. Enter the number of patients with MRSA and/or VRE isolated from a specimen collected for AST or for clinical reasons on admission (≤ 3 days) (i.e., the MRSA or VRE cannot be attributed to this patient care location).
Known Positive	Enter the number of patients with documentation on admission of MRSA or VRE colonization or infection, from the admitting or referring facility,

Data Field	Instructions for Form Completion
	in ≤ 12 months (i.e., patient is known to be colonized or infected with MRSA and/or VRE within the last year). All MRSA or VRE colonized patients already in the ICU during the first month of surveillance should be considered "Known Positive".
Incident Cases AST/Clinical Positive	Required for incident case - AST/clinical positive outcome measures. Enter the number of patients with a stay > 3 days: • With no documentation on admission of MRSA and/or VRE colonization or infection, from the admitting or referring facility, in ≤ 12 months (i.e., patient is not known to be colonized or infected with MRSA and/or VRE within the last year and is negative if tested on admission), AND • MRSA and/or VRE isolated from a specimen collected for AST or clinical reasons > 3 days after admission and up to discharge/transfer from the patient care location.
Custom Fields and Labels	Optional. Up to 5 numeric 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.