

Instructions for Completion of Laboratory-identified MDRO or CDI Event form (CDC 57.128)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by
	the NHSN application.
Event #	Event ID number will be assigned by NHSN.
Patient ID	Required. Enter the alphanumeric patient ID. This is the
	patient identifier assigned by the hospital and may consist of
	any combination of numbers and/or letters. This should be an
	ID that remains the same for the patient across all visits and
	admissions.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security
	Number.
Secondary ID	Optional. Enter any other patient ID assigned by the facility.
Medicare #	Optional Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first and middle name of the patient.
	Data may be auto-entered from Patient Form.
Gender	Required. Circle M (Male), F (Female) or Other to indicate the
	gender of the patient.
Sex at Birth	Optional. Select the patient's sex assigned at birth.
(Birth Sex)	Male
	Female
	Unknown
Gender Identity	Optional. Specify the gender identity/identities which most
	closely matches how the patient self-identifies. Multiple
	selections are allowed, except when selecting 'Asked but
	unknown.'
	Male
	Female
	Male-to-female transgender
	Female-to-male transgender
	Identifies as non-conforming
	Other
	Asked but unknown
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



Data Field	Instructions for Form Completion
	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 (CRE- <i>E. coli,</i> CRE- <i>Klebsiella pneumoniae,</i> CRE- <i>Klebsiella oxytoca,</i> CRE- <i>Klebsiella aerogenes</i> or CRE- <i>Enterobacter),</i> MDR- Acinetobacter, or C. difficile. Use one form per LabID event (1
	form for each pathogen). See MDRO and CDI protocol for MDRO definitions. Reminder: if conducting surveillance for CRE, the facility must include all three CRE organisms (<i>E. coli</i> ,
	Klebsiella, and Enterobacter) in the monthly reporting plan and
	conduct surveillance for all three organisms.
Tested for carbapenemase?	Conditionally Required. If the specific organism type is CRE, select "Yes" if the bacterial isolate was tested for
	carbapenemase. Otherwise, select "No" or "Unknown". If "Yes", select which test(s) was performed (may select more than one
	tests). Users may need to seek additional guidance from the facility laboratory to answer this question.
Positive for carbapenemase?	Conditionally Required. If the bacterial isolate was tested for
	carbapenemase, select "Yes" if the isolate tested positive for
	carbapenemase. Otherwise, select "No" or "Unknown".
Outpatient	Required. Select "Yes" if the LabID Event is being reported
	from an outpatient location where there are no admissions (for
	example: emergency department, observation unit, 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. (For
	example, 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 (examples: bile specimen,
	specimen from brain, blood specimen, etc.).
Date Admitted to Facility	Conditionally required.
	 For inpatient events, enter the date the patient was admitted to an inpatient unit in the facility using this format: MM/DD/YYY. An inpatient is defined as a patient who is housed in an inpatient location of the healthcare facility. The date admitted to facility should be the calendar day the patient first locates to an inpatient location for the facility. 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, days spent in an inpatient location, regardless of the billing status of the patient days for the facility and specific location. This means that the facility admission date must reflect the first day spent in the inpatient location regardless of the patients' status as inpatient or status such as observation.
	Interventional Radiology are eligible inpatient locations for
Location	determining date of admission to the facility. Required. Enter the bedded inpatient location, emergency department, or 24-hour observation care unit/location where the patient was assigned when the laboratory-identified MDRO or <i>C. difficile</i> event specimen was collected. Note: the NHSN "transfer rule" does not apply for LabID events. Special Case : If a specimen collected in an affiliated outpatient clinic is positive for an MDRO or CDI, and the patient it is collected from is admitted to the facility on the SAME calendar date into an inpatient location that is monitoring LabID Events for the identified MDRO or CDI, the positive 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 outpatient LabID Events for the same MDRO or CDI in affiliated outpatient clinics (FacWideOUT), then the same specimen for

Data Field	Instructions for Form Completion
	the patient would also be reported a second time for that
	outpatient location.
Date Admitted to Location	Conditionally required. Enter the <u>most recent</u> date the patient
	was admitted to the inpatient care unit/location where
	laboratory-identified monitoring is being performed and where
	the specimen was collected from the patient. Do not consider
	temporary transfers to non-bedded inpatient locations such as
	O.R., Interventional Radiology, Cardiac Cath Lab, etc. when
	determining the location admit date. Any days spent in an
	inpatient location, whether as an officially admitted patient or
	as an "observation" patient, contribute to exposure risk. An
	inpatient is defined as a patient who is housed in an inpatient
	location of the healthcare facility. Therefore, days spent in an
	inpatient location, regardless of the billing status of the patient,
	must be included in the counts for the specific location. This
	means that the admission date must reflect the first day spent
	in the inpatient location regardless of the patients' status as
	inpatient or observation. Note : Due to existing business rules
	for edit checks in NHSN, the date of specimen collection must
	be the same calendar date or later than the location admission
	date.
Last physical overnight location of	Optional for specimens collected from the emergency
patient immediately prior to arriving	department, observation location(s), or less than four days
into facility.	after admission into an inpatient unit. Using the available
	variables, select the location in which the patient spent the
	night immediately prior to arrival into the facility. Selections
	include: (1) Nursing Home/Skilled Nursing Facility; (2) Other
	Inpatient Healthcare Setting (for example, acute care hospital, inpatient rehabilitation facility/IRF, long term acute care
	facility/LTAC, etc.); or (3) Personal Residence/Residential Care
	(includes personal homes or assisted living environments in
	which 24/7 care is not provided in a group setting). Note: If the
	patient's personal residence is a nursing home or skilled nursing
	facility, select Nursing Home/Skilled Nursing Facility.
Has patient been discharged from your	Required. Circle "Yes" if the patient has been discharged, after
facility in the past 4 weeks?	an inpatient stay, from your facility in the past 28 days from
	current positive specimen, otherwise circle "No". The 28-day
	count is a backward count using day of current positive
	specimen as day 1.
Date of last discharge from your facility	Conditionally Required. If the patient was an inpatient and
	discharged from your facility in the past 28 days (previous
	question is circled "Yes"), enter the most recent date of
	discharge prior to the current admission. Use format:

Data Field	Instructions for Form Completion	
	MM/DD/YYYY. Note: This question is specific to discharge from	
	a facility after inpatient stay. It is not applicable to a discharge	
	from an outpatient encounter/visit such as an emergency	
	department or other outpatient location visit.	
Has the patient been discharged from	Optional. Circle "Yes" if the patient has been discharged, after	
another facility in the past 4 weeks?	an inpatient stay, from another facility in the past 28 days.	
	Select "No" if the patient has not been discharged, after an	
	inpatient stay, from another facility in the past 28 days. Select	
	"Unknown" if previous inpatient history is not known.	
Last discharging facility	Optional. If the patient was discharged from an inpatient stay	
	from another facility in the past 28 days, (previous question is	
	circled "Yes"), select all that apply from the provided list, which	
	includes: (1) Nursing Home/Skilled Nursing Facility; or (2) Other	
	Inpatient Healthcare Setting (acute care hospital, inpatient	
	rehabilitation facility/IRF, long term acute care facility/LTAC,	
	etc.).	
Documented prior evidence of infection	Non-editable. This is a system auto-populated field and is	
or colonization with this specific	based on <u>prior months</u> LabID Events. "Yes" or "No" will be	
organism type from a previously	auto-filled by the system only, depending on whether there is	
reported LabID Event?	prior LabID Event entered for the same organism and same patient in a prior completed month (current reporting month	
	events are excluded). <u>Cannot</u> 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."	
	a profinitional , the system will also populate with a res.	
	Note: This question is not used in the categorization of <i>C</i> .	
	difficile or MRSA blood specimen only LabID Events.	
Custom Fields		
Custom Fields	Optional. Up to 50 fields may be customized for local or group	
	use in any combination of the following formats: date	
	(MM/DD/YYYY), numeric, or alphanumeric.	
	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.	

