



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: 09-30-2012

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*required for saving **required for completion		Event #:	
Facility ID:		Social Security #:	
*Patient ID:		Secondary ID:	
Patient Name, Last:		First:	Middle:
*Gender: F M	*Date of Birth:		
Ethnicity (specify):	Race (specify):		
*Event Type: BSI		*Date of Event:	
Post-procedure BSI: Yes No	Date of Procedure:		
NHSN Procedure Code:	ICD-9-CM Procedure Code:		

*MDRO Infection Surveillance: Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module
 No, this event's pathogen & location are **not** in-plan for the MDRO/CDAD Module

*Date Admitted to Facility: _____ *Location: _____

Risk Factors

*If ICU/Other locations, Central line:	Yes	No	Location of Device Insertion: _____
*If Specialty Care Area,			
Permanent central line:	Yes	No	Date of Device Insertion: ____/____/____
Temporary central line:	Yes	No	
*If NICU,			
Non-umbilical Central line:	Yes	No	
Umbilical catheter:	Yes	No	
Birth weight (grams):			

Event Details

*Specific Event: Laboratory-confirmed

*Specify Criteria Used:

<u>Signs & Symptoms (check all that apply)</u>		<u>Laboratory (check one)</u>	
<input type="checkbox"/> Any patient	<input type="checkbox"/> <u>≤1 year old</u>	<input type="checkbox"/> Recognized pathogen from one or more blood cultures	
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Common skin contaminant from ≥2 blood cultures	
<input type="checkbox"/> Chills	<input type="checkbox"/> Hypothermia		
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Apnea		
	<input type="checkbox"/> Bradycardia		

**Died: Yes No BSI Contributed to Death: Yes No

Discharge Date: _____ *Pathogens Identified: Yes No *If Yes, specify on page 2

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.108 (Front) Rev. 3 NHSN ver. 6.2

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC									SIR N	
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC						
		SIR N	SIR N	SIR N	SIR N	SIR N						
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC					
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N					
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC	
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	GENT	IMI	LEVO	MERO	PIPTAZ	TOBRA
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP	CEFTAZ		CIPRO	IMI	LEVO	MERO	PIP		
		SIR N	SIR N	SIR N		SIR N	SIR N	SIR N	SIR N	SIR N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ										
		SIR N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	Organism 2 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		
_____	Organism 3 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N	SIR N		

Drug Codes:

AMK = amikacin	CEFOT = cefotaxime	DAPTO=daptomycin	LNZ = linezolid	PIPTAZ = piperacillin/tazobactam
AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH=erythromycin	MERO = meropenem	QUIDAL= quinupristin/dalfopristin
AMPSUL= ampicillin/sulbactam	CEFTRX = ceftriaxone	GENT=gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ = trimethoprim/sulfamethoxazole
Result Codes:	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	TOBRA = tobramycin
S = Susceptible	I = Intermediate	R = Resistant	N = not tested	VANC = vancomycin

Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments