

## Custom Event

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\*Required for saving

Facility ID:	Event #:																																																																
*Patient ID:	Social Security #:																																																																
Secondary ID:	Medicare #:																																																																
Patient Name, Last:	First: Middle:																																																																
*Gender: M F Other	*Date of Birth:																																																																
Sex at Birth: F M Unknown	Gender Identity (Specify):																																																																
Ethnicity (Specify):	Race (Specify):																																																																
<b>Event Details</b>																																																																	
*Event Type:	*Date of Event:																																																																
Post Procedure Event: Yes No	Date of Procedure:																																																																
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:																																																																
MDRO/CDI Infection Surveillance: No	Date Admitted to Facility:																																																																
Location:																																																																	
Specific Event Type (used only for CDC defined events):																																																																	
Specify Criteria Used (check all that apply)																																																																	
<table border="0"> <thead> <tr> <th colspan="3"><u>Signs and Symptoms</u></th> <th><u>Laboratory or Diagnostic Testing</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Abscess</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Dysuria</td> <td><input type="checkbox"/> Organism(s) identified</td> </tr> <tr> <td><input type="checkbox"/> Apnea</td> <td><input type="checkbox"/> Hypotension</td> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Culture or non-culture based testing not performed</td> </tr> <tr> <td><input type="checkbox"/> Bradycardia</td> <td><input type="checkbox"/> Hypothermia</td> <td><input type="checkbox"/> Bilious aspirate</td> <td><input type="checkbox"/> Organism(s) identified from blood specimen<sup>+</sup></td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Lethargy</td> <td><input type="checkbox"/> Erythema or redness</td> <td><input type="checkbox"/> Other positive laboratory tests<sup>+</sup></td> </tr> <tr> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> Abdominal distension</td> <td><input type="checkbox"/> &gt; 15 colonies cultured from IV cannula tip using semiquantitative culture method</td> </tr> <tr> <td><input type="checkbox"/> Pain or tenderness</td> <td></td> <td></td> <td><input type="checkbox"/> Pneumatosis intestinalis by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Drainage or material<sup>+</sup></td> <td></td> <td></td> <td><input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Wheezing, rales or rhonchi</td> <td></td> <td></td> <td><input type="checkbox"/> Pneumoperitoneum by radiograph</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea<sup>+</sup></td> <td></td> <td></td> <td><input type="checkbox"/> Imaging test evidence of infection<sup>+</sup></td> </tr> <tr> <td><input type="checkbox"/> Swelling or inflammation</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Surgical evidence of extensive bowel necrosis (&gt;2 cm of bowel affected)</td> <td></td> <td></td> <td><u>Clinical Diagnosis</u></td> </tr> <tr> <td><input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation</td> <td></td> <td></td> <td><input type="checkbox"/> Physician diagnosis of this event type<sup>+</sup></td> </tr> <tr> <td><input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam<sup>+</sup></td> <td></td> <td></td> <td><input type="checkbox"/> Physician institutes appropriate antimicrobial therapy<sup>+</sup></td> </tr> <tr> <td><input type="checkbox"/> Other signs and symptoms<sup>+</sup></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Signs and Symptoms</u>			<u>Laboratory or Diagnostic Testing</u>	<input type="checkbox"/> Abscess	<input type="checkbox"/> Heat	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Organism(s) identified	<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Fever	<input type="checkbox"/> Culture or non-culture based testing not performed	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Bilious aspirate	<input type="checkbox"/> Organism(s) identified from blood specimen <sup>+</sup>	<input type="checkbox"/> Cough	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Erythema or redness	<input type="checkbox"/> Other positive laboratory tests <sup>+</sup>	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Nausea	<input type="checkbox"/> Abdominal distension	<input type="checkbox"/> > 15 colonies cultured from IV cannula tip using semiquantitative culture method	<input type="checkbox"/> Pain or tenderness			<input type="checkbox"/> Pneumatosis intestinalis by radiograph	<input type="checkbox"/> Drainage or material <sup>+</sup>			<input type="checkbox"/> Portal venous gas (Hepatobiliary gas) by radiograph	<input type="checkbox"/> Wheezing, rales or rhonchi			<input type="checkbox"/> Pneumoperitoneum by radiograph	<input type="checkbox"/> Diarrhea <sup>+</sup>			<input type="checkbox"/> Imaging test evidence of infection <sup>+</sup>	<input type="checkbox"/> Swelling or inflammation				<input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure)				<input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)			<u>Clinical Diagnosis</u>	<input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation			<input type="checkbox"/> Physician diagnosis of this event type <sup>+</sup>	<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam <sup>+</sup>			<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy <sup>+</sup>	<input type="checkbox"/> Other signs and symptoms <sup>+</sup>			
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+ Per specific criteria																																																																	
Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No																																																																
Died: Yes No	Event contributed to death? Yes No																																																																
Discharge Date: ____/____/____	*Pathogens Identified: Yes No If yes, specify on Page 2																																																																
<p><b>Assurance of Confidentiality:</b> The voluntarily provided 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)).</p> <p>Public reporting burden of this collection of information is estimated to average 35 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p>																																																																	

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Pathogen #	Gram-positive Organisms								
	<i>Staphylococcus coagulase-negative</i>  (specify species if available):	<b>CEFOX/OX</b>  S R N	<b>VANC</b>  S I R N						
	___ <i>Enterococcus faecium</i>  ___ <i>Enterococcus faecalis</i>  ___ <i>Enterococcus</i> spp. (Only those not identified to the species level)	<b>DAPTO</b>  S I/S-DD NS R N	<b>GENTHL<sup>s</sup></b>  S R N	<b>LNZ</b>  S I R N	<b>VANC</b>  S I R N				
	<i>Staphylococcus aureus</i>	<b>CEFOX/METH/OX</b>  S R N	<b>CEFTAR</b>  S S-DD I R N	<b>CIPRO/LEVO/MOXI</b>  S I R N	<b>CLIND</b>  S I R N	<b>DAPTO</b>  S N S N	<b>DOXY/MINO</b>  S I R N	<b>GENT</b>  S I R N	
		<b>LNZ</b>  S R N	<b>RIF</b>  S I R N	<b>TETRA</b>  S I R N	<b>TMZ</b>  S I R N	<b>VANC</b>  S I R N			
Pathogen #	Gram-negative Organisms								
	<i>Acinetobacter</i> (specify species)  _____	<b>AMK</b>  S I R N	<b>AMPSUL</b>  S I R N	<b>CEFEP</b>  S I R N	<b>CEFTAZ/CEFOT/CEFTRX</b>  S I R N	<b>CIPRO/LEVO</b>  S I R N	<b>COL/PB</b>  S R N	<b>DORI/MERO</b>  S I R N	
		<b>DOXY/MINO</b>  S I R N	<b>GENT</b>  S I R N	<b>IMI</b>  S I R N	<b>PIPTAZ</b>  S I R N	<b>TMZ</b>  S I R N	<b>TOBRA</b>  S I R N		
	<i>Escherichia coli</i>	<b>AMK</b>  S I R N	<b>AMP</b>  S I R N	<b>AMPSUL/AMXCLV</b>  S I R N	<b>AZT</b>  S I R N	<b>CEFAZ</b>  S I R N	<b>CEFEP</b>  S I/S-DD R N	<b>CEFOT/CEFTRX</b>  S I R N	
		<b>CEFTAVI</b>  S R N	<b>CEFTAZ</b>  S I R N	<b>CEFTOTAZ</b>  S I R N	<b>CIPRO/LEVO/MOXI</b>  S I R N	<b>COL/PB<sup>†</sup></b>  I R N	<b>DORI/IMI/MERO</b>  S I R N	<b>DOXY/MINO/TETRA</b>  S I R N	
		<b>ERTA</b>  S I R N	<b>GENT</b>  S I R N	<b>IMIREL</b>  S I R N	<b>MERVAB</b>  S I R N	<b>PIPTAZ</b>  S I R N	<b>TIG</b>  S I R N	<b>TMZ</b>  S I R N	
		<b>TOBRA</b>  S I R N							
	<i>Enterobacter</i> (specify species)  _____	<b>AMK</b>  S I R N	<b>AZT</b>  S I R N	<b>CEFEP</b>  S I/S-DD R N	<b>CEFOT/CEFTRX</b>  S I R N	<b>CEFTAVI</b>  S R N	<b>CEFTAZ</b>  S I R N	<b>CEFTOTAZ</b>  S I R N	
		<b>CIPRO/LEVO/MOXI</b>  S I R N	<b>COL/PB<sup>†</sup></b>  I R N	<b>DORI/IMI/MERO</b>  S I R N	<b>DOXY/MINO/TETRA</b>  S I R N	<b>ERTA</b>  S I R N	<b>GENT</b>  S I R N	<b>IMIREL</b>  S I R N	
		<b>MERVAB</b>  S I R N	<b>PIPTAZ</b>  S I R N	<b>TIG</b>  S I R N	<b>TMZ</b>  S I R N	<b>TOBRA</b>  S I R N			

Pathogen #	Gram-negative Organisms (continued)										
	___ <i>Klebsiella pneumoniae</i>	<b>AMK</b>	<b>AMPSUL/AMXCLV</b>	<b>AZT</b>	<b>CEFAZ</b>	<b>CEFEP</b>	<b>CEFOT/CEFTRX</b>	<b>CEFTAVI</b>			
		SIRN	SIRN	SIRN	SIRN	S/S-DDRN	SIRN	SRN			
	___ <i>Klebsiella oxytoca</i>	<b>CEFTAZ</b>	<b>CEFTOTAZ</b>	<b>CIPRO/LEVO/MOXI</b>	<b>COL/PB†</b>	<b>DORI/IMI/MERO</b>	<b>DOXY/MINO/TETRA</b>	<b>ERTA</b>			
		SIRN	SIRN	SIRN	IRN	SIRN	SIRN	SIRN			
	___ <i>Klebsiella aerogenes</i>	<b>GENT</b>	<b>IMIREL</b>	<b>MERVAB</b>	<b>PIPTAZ</b>	<b>TIG</b>	<b>TMZ</b>	<b>TOBRA</b>			
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN			
	<i>Pseudomonas aeruginosa</i>	<b>AMK</b>	<b>AZT</b>	<b>CEFEP</b>	<b>CEFTAVI</b>	<b>CEFTAZ</b>	<b>CEFTOTAZ</b>	<b>CIPRO/LEVO</b>			
		SIRN	SIRN	SIRN	SRN	SIRN	SIRN	SIRN			
		<b>COL/PB</b>	<b>DORI/IMI/MERO</b>	<b>GENT</b>	<b>PIPTAZ</b>	<b>TOBRA</b>					
		SIRN	SIRN	SIRN	SIRN	SIRN					
Pathogen #	Fungal Organisms										
	<i>Candida</i> (specify species if available) _____	<b>ANID</b>	<b>CASPO</b>	<b>FLUCO</b>	<b>MICA</b>	<b>VORI</b>					
		SIRN	SIRN	S S-DDRN	SIRN	SIRN					
Pathogen #	Other Organisms										
	Organism 1 (specify) _____	<b>Drug 1</b>	<b>Drug 2</b>	<b>Drug 3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	
	Organism 1 (specify) _____	<b>Drug 1</b>	<b>Drug 2</b>	<b>Drug 3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	
	Organism 1 (specify) _____	<b>Drug 1</b>	<b>Drug 2</b>	<b>Drug 3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	

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### Result Codes

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent**

**N = Not tested**

**§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

**† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4**

<b><u>Drug Codes:</u></b>			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= cefazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

