

**National Point Prevalence Survey
Case Report Form for ALL patients**

Site: _____	Date of Survey: _____	Subject ID #: _____
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1. **Date of admission:** _____ (dd.mmm.yyyy)

2. **Admission diagnosis:** _____

3. **Underlying illness:** Yes No
 If yes, neurologic
 heme-onc
 urinary
 GI
 CF
 Respirology (non CF)
 Rheum
 Cardiac
 Other (specify _____)

4. **Is patient immunocompromised*?** Yes No
 If yes, Bone marrow transplant
 Solid organ transplant
 Exposure to biologics
 Exposure to steroids
 Exposure to chemotherapy
 Primary immune deficiency
 Other (specify: _____)

5. **Patient's age on day of survey:** _____ months (if < 12 months) OR
 _____ years

6. **Is there an ID consult for management of patient during this admission and around time of survey?** Yes No Unknown

7. **Did patient have surgery during this admission?** Yes No Unknown
 a. *If yes, was surgery greater than 24 hours ago?* Yes No Unknown

8. **Patient's service?** PICU
 NICU
 General Medical service
 Surgical service
 Subspecialty*
 Specify
 Respirology
 Neurology

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- Cardiology
- Nephrology
- Hematology/oncology
- Other (specify _____)

9. Does patient have an antimicrobial allergy listed? Yes No
If yes, to which antimicrobial(s): _____

10. Is this patient currently receiving antimicrobials? Yes No (*if No, end form*)

11. Is the patient colonized with MDR organism (e.g. ESBL, MRSA or VRE)*? Yes No Unknown

12. At the time of data collection, does the patient have a documented bacterial,
viral or fungal or parasitic pathogen(s)? Yes No Unknown
If yes, specify which virus/bacteria/fungus/parasite: _____

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13. Antimicrobials

Name of Antimicrobial	Antimicrobial # ____ (circle one) <input type="radio"/> Acyclovir <input type="radio"/> Aminoglycoside (Gentamycin, tobramycin) <input type="radio"/> Amoxicillin PO <input type="radio"/> Amoxicillin- clavulanate (Clavulin – AKA clavulanate) <input type="radio"/> Amphotericin <input type="radio"/> Ampicillin (IV) <input type="radio"/> Azythromycin <input type="radio"/> Brincidofovir <input type="radio"/> Caspofungin or micafungin <input type="radio"/> Cefazolin (IV) <input type="radio"/> Cefixime (PO) <input type="radio"/> Ceftriaxone OR Cefotaxime <input type="radio"/> Ceftazidime <input type="radio"/> Cefuroxime or cefprozil or ceftin <input type="radio"/> Cephalexin (PO) <input type="radio"/> Cloxacillin (IV or PO) <input type="radio"/> Clarithromycin <input type="radio"/> Clindamycin <input type="radio"/> Daptomycin <input type="radio"/> Doxycycline <input type="radio"/> Ertapenem <input type="radio"/> Fluconazole <input type="radio"/> Gancyclovir <input type="radio"/> Itraconazole <input type="radio"/> Linezolid <input type="radio"/> Meropenem or Imipenem <input type="radio"/> Metronidazole <input type="radio"/> Oseltamivir <input type="radio"/> Penicillin G (IV) <input type="radio"/> Penicillin V (oral) <input type="radio"/> Piperacillin <input type="radio"/> Piperacillin-tazobactam <input type="radio"/> Pozaconazole <input type="radio"/> Quinolone (cipro or levo floxacin) <input type="radio"/> TB drugs (combinations of RIPE or other) <input type="radio"/> Trimethoprim-Sulfamethoxazole (Septra) <input type="radio"/> Vancomycin <input type="radio"/> Voriconazole <input type="radio"/> Other (Specify: _____)	Antimicrobial # ____ (circle one) <input type="radio"/> Acyclovir <input type="radio"/> Aminoglycoside (Gentamycin, tobramycin) <input type="radio"/> Amoxicillin PO <input type="radio"/> Amoxicillin- clavulanate (Clavulin – AKA clavulanate) <input type="radio"/> Amphotericin <input type="radio"/> Ampicillin (IV) <input type="radio"/> Azythromycin <input type="radio"/> Brincidofovir <input type="radio"/> Caspofungin or micafungin <input type="radio"/> Cefazolin (IV) <input type="radio"/> Cefixime (PO) <input type="radio"/> Ceftriaxone OR Cefotaxime <input type="radio"/> Ceftazidime <input type="radio"/> Cefuroxime or cefprozil or ceftin <input type="radio"/> Cephalexin (PO) <input type="radio"/> Cloxacillin (IV or PO) <input type="radio"/> Clarithromycin <input type="radio"/> Clindamycin <input type="radio"/> Daptomycin <input type="radio"/> Doxycycline <input type="radio"/> Ertapenem <input type="radio"/> Fluconazole <input type="radio"/> Gancyclovir <input type="radio"/> Itraconazole <input type="radio"/> Linezolid <input type="radio"/> Meropenem or Imipenem <input type="radio"/> Metronidazole <input type="radio"/> Oseltamivir <input type="radio"/> Penicillin G (IV) <input type="radio"/> Penicillin V (oral) <input type="radio"/> Piperacillin <input type="radio"/> Piperacillin-tazobactam <input type="radio"/> Pozaconazole <input type="radio"/> Quinolone (cipro or levo floxacin) <input type="radio"/> TB drugs (combinations of RIPE or other) <input type="radio"/> Trimethoprim-Sulfamethoxazole (Septra) <input type="radio"/> Vancomycin <input type="radio"/> Voriconazole <input type="radio"/> Other (Specify: _____)
Route of Administration	<input type="radio"/> IV <input type="radio"/> PO <input type="radio"/> Inhalational <input type="radio"/> Topical	<input type="radio"/> IV <input type="radio"/> PO <input type="radio"/> Inhalational <input type="radio"/> Topical
Start Date (dd.mmm.yyyy)		
Reason for antimicrobial	<input type="radio"/> Empiric or syndromic therapy <input type="radio"/> Pathogen directed Treatment <input type="radio"/> Prophylaxis	<input type="radio"/> Empiric or syndromic therapy <input type="radio"/> Pathogen directed Treatment <input type="radio"/> Prophylaxis
Primary Targeted Anatomical site of infection	<input type="radio"/> Lower Resp tract (LRT) CAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Urinary Tract (UT)	<input type="radio"/> Lower Resp tract (LRT) CAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Urinary Tract (UT)

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	<ul style="list-style-type: none"> ○ Urinalysis? <ul style="list-style-type: none"> <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown ○ Upper Resp tract (URT) <i>Circle one</i> <ul style="list-style-type: none"> <input type="checkbox"/> sinusitis <input type="checkbox"/> orbital cellulitis <input type="checkbox"/> mastoiditis <input type="checkbox"/> AOM <input type="checkbox"/> cervical adenitis <input type="checkbox"/> pharyngeal or retropharyngeal site ○ Skin Soft Tissue (SST) ○ Bone/Joint (BJ) ○ Intra-Abdominal /bowel (ABD) ○ Blood (BLD) ○ Central Nervous System (CNS) ○ Febrile Neutropenia (FN) ○ Fever/sepsis NYD ○ Device/ line related ○ Other (OTH) _____ 	<ul style="list-style-type: none"> ○ Urinalysis? <ul style="list-style-type: none"> <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown ○ Upper Resp tract (URT) <i>Circle one</i> <ul style="list-style-type: none"> <input type="checkbox"/> sinusitis <input type="checkbox"/> orbital cellulitis <input type="checkbox"/> mastoiditis <input type="checkbox"/> AOM <input type="checkbox"/> cervical adenitis <input type="checkbox"/> pharyngeal or retropharyngeal site ○ Skin Soft Tissue (SST) ○ Bone/Joint (BJ) ○ Intra-Abdominal /bowel (ABD) ○ Blood (BLD) ○ Central Nervous System (CNS) ○ Febrile Neutropenia (FN) ○ Fever/sepsis NYD ○ Device/ line related ○ Other (OTH) _____
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