Carbapenem-resistant Enterobacteriaceae
Case Report Form- 2014/2015

☐ Confirmed ☐ Suspect ☐ Not a case Case ID: ☐☐-☐☐☐

PATIENT INFORMATION

Name:____ (Last, First, MI)

Phone: _______________________________________

Address: ______________________________________ (Number, Street, Apt #)

MRN: ____

______________________________ (City, State) _____________ (Zip Code)

Hospital: ______________________________________

☐ Homeless

Occupation: _________________________ Employer: _______________________ School: ____________________________

Sex: ☐ Male ☐ Female Date of Birth: ______________________ Age: ______ ☐ Days ☐ Months ☐ Years

Race (Check all that apply):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American ☐ Native Hawaiian/Pacific Islander

☐ White ☐ Unknown ☐ Other:______________________

Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Weight: ______ lbs. ______ oz. OR ______ kg ☐ Unknown Height: ______ ft. ______ in. OR ______cm ☐ Unknown

BMI: ______ ☐ Unknown

LABORATORY INFORMATION

Genus and Species: ______________________________________ **Accession**: ________________________________

(Enterobacteriaceae include but are not limited to: *Citrobacter, Enterobacter, E. coli, Klebsiella, Morganella, Proteus, Providencia, & Serratia*)

Culture Collection Date: _________________________________ **Culture Result Date**: ______________________________

Specimen Type: ☐ Surveillance ☐ Clinical Specimen

☐	Blood	☐	CSF	☐	Pleural Fluid	☐	Joint/Synovial Fluid	☐	Wound
☐	Urine	☐	Sputum	☐	Endotracheal Aspirate	☐	Peritoneal Fluid	☐	Skin
☐	Bone	☐	BAL	☐	Pericardial Fluid	☐	Other:	☐	Rectal Swab

For urine specimens *only*							
Urine Culture, CFU/ml			☐ $\geq 10^5$ CFU/ml		☐ $< 10^5$ CFU/ml		☐ Unknown CFU/ml
Yes	**No**	**Unk**		**Yes**	**No**	**Unk**	
☐	☐	☐	Urinalysis in 3 days prior to culture?	☐	☐	☐	UA positive for leukocyte esterase?
☐	☐	☐	UA positive for pyuria (>5 WBC/hpf)?	☐	☐	☐	UA positive for Bacteria?
☐	☐	☐	UA positive for Nitrites?	☐	☐	☐	UA positive for Yeast?

Carabapenems					
S	**I**	**R**	**NT**	**#**	
☐	☐	☐	☐		Doripenem
☐	☐	☐	☐		Ertapenem
☐	☐	☐	☐		Imipenem
☐	☐	☐	☐		Meropenem
3rd Generation Cephalosporins					
S	**I**	**R**	**NT**	**#**	
☐	☐	☐	☐		Ceftriaxone
☐	☐	☐	☐		Ceftazidime
☐	☐	☐	☐		Cefixime
☐	☐	☐	☐		Cefpodoxime
☐	☐	☐	☐		Cefotaxime
☐	☐	☐	☐		Ceftizoxime
☐	☐	☐	☐		Cefperazone
☐	☐	☐	☐		Cefdinir
☐	☐	☐	☐		Ceftibuten
☐	☐	☐	☐		Ceftamet

Other Abx of interest					
S	**I**	**R**	**NT**	**#**	
☐	☐	☐	☐		Ampicillin
☐	☐	☐	☐		Tigecycline
☐	☐	☐	☐		Gentamicin
☐	☐	☐	☐		Amikacin
☐	☐	☐	☐		Ciprofloxacin
☐	☐	☐	☐		Levofloxacin
☐	☐	☐	☐		Moxifloxacin
☐	☐	☐	☐		Aztreonam
☐	☐	☐	☐		Nitrofurantoin
☐	☐	☐	☐		Colistin
☐	☐	☐	☐		Piperacillin-Tazobactam
☐	☐	☐	☐		Ampicillin-Sulbactam
☐	☐	☐	☐		Other:
☐	☐	☐	☐		Other:
☐	☐	☐	☐		Other:
☐	☐	☐	☐		Other:

Mechanistic Testing			
P	**N**	**NT**	
☐	☐	☐	Modified Hodge Test
☐	☐	☐	KPC PCR
☐	☐	☐	NDM PCR
☐	☐	☐	VIM PCR
☐	☐	☐	IMP PCR
☐	☐	☐	OXA 48-like PCR

Notes:

Clinical Information

Patient residence at time of culture collection:

- ☐ Private Residence
- ☐ Dormitory
- ☐ LTCF:
- ☐ LTACH:
- ☐ Homeless
- ☐ Hospital:
- ☐ Incarcerated
- ☐ Other:
- ☐ Unknown

Notes:

Location of culture collection:

Hospital Setting

- ☐ Emergency Room
- ☐ Observational Unit
- ☐ ICU
- ☐ Surgery/OR
- ☐ Interventional Radiology
- ☐ Inpatient Ward Location

Outpatient Settings

- ☐ Clinic/Doctor's Office
- ☐ Ambulatory Surgical Center
- ☐ Dialysis
- ☐ LTCF:
- ☐ LTACH:

Other

- ☐ Autopsy
- ☐ Unknown
- ☐ Other:

Additional *positive* cultures within 30 days of initial culture:

- ☐ Yes
- ☐ No
- ☐ Unknown

Site of additional *positive* CRE cultures within 30 days of initial culture date:

- ☐ Blood
- ☐ Urine
- ☐ Bone
- ☐ CSF
- ☐ Peritoneal Fluid
- ☐ Pericardial Fluid
- ☐ Joint/Synovial Fluid
- ☐ Sputum
- ☐ Endotracheal Aspirate
- ☐ BAL
- ☐ Pleural Fluid
- ☐ Wound
- ☐ Skin
- ☐ Rectal Swab
- ☐ Other sterile Site:

Date of last CRE positive culture within 30 days:

Was the patient hospitalized overnight for this illness? ☐ Yes ☐ No ☐ Unknown

Date of Admission:______________________ **Date of Discharge**: ____________________ **# Days Hospitalized**: ___________

Was the patient admitted to the intensive care unit?: ☐ Yes ☐ No ☐ Unknown

Did the patient die? ☐ Yes ☐ No ☐ Unknown **Date of Death:** _______________________

Discharge Disposition:

- ☐ Home, Independently
- ☐ Home Health Agency
- ☐ Hospice
- ☐ Acute Care Hospital:
- ☐ LTACH:
- ☐ LTCF:
- ☐ Unknown
- ☐ Other:

Types of infection associated with this culture (check all that apply):

- ☐ Abscess (not skin)
- ☐ AV fistula/Graft
- ☐ Bacteremia
- ☐ Bursitis
- ☐ Cellulitis
- ☐ Chronic Ulcer/Wound
- ☐ Decubitus/Pressure Ulcer
- ☐ Empyema
- ☐ Endocarditis
- ☐ Meningitis
- ☐ Osteomyelitis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Pyelonephritis
- ☐ Septic Arthritis
- ☐ Septic Shock
- ☐ Skin Abscess
- ☐ Surgical Incision
- ☐ Surgical Site (internal)
- ☐ Traumatic wound
- ☐ Urinary Tract
- ☐ Other (specify):

Underlying Conditions (check all that apply):

- ☐ Alcohol Abuse
- ☐ Abscess/Boil (recurrent)
- ☐ AIDS
- ☐ Chronic Cognitive Deficit
- ☐ Chronic Liver Disease
- ☐ Chronic Pulmonary Disease
- ☐ Chronic Kidney Disease
- ☐ Chronic Skin Breakdown
- ☐ Congestive Heart Failure
- ☐ Connective Tissue Disease
- ☐ Current Smoker
- ☐ CVA/Stroke
- ☐ Cystic Fibrosis
- ☐ Decubitus/Pressure Ulcer
- ☐ Dementia
- ☐ Diabetes
- ☐ Hematologic Malignancy
- ☐ Hemiplegia/Paraplegia
- ☐ HIV
- ☐ Immunosuppressive Therapy
- ☐ Influenza (within 10 days prior)
- ☐ IVDU
- ☐ Myocardial Infarction
- ☐ Obesity
- ☐ Other Drug Use
- ☐ Peripheral Vascular Disease (PVD)
- ☐ Premature Birth
- ☐ Solid Tumor (metastatic)
- ☐ Solid Tumor (non-metastatic)
- ☐ Transplant Recipient
- ☐ Urinary Tract Abnormality
- ☐ None
- ☐ Unknown

Case ID: ☐☐-☐☐☐

Note: Pages 3-4 will be completed only for patients receiving care as inpatients in Acute-Care Hospitals, Long-Term Care Facilities, and Long-Term Acute-Care Hospitals

Risk Factors

Healthcare Exposures

Current/Recent Exposures		
☐	Collection date ≥ calendar day 3 post-admission	☐ Not admitted
☐	Hemodialysis/Peritoneal Dialysis in past year	☐ Unknown
☐	Current Chronic Hemodialysis/Peritoneal Dialysis	☐ Unknown
☐	Presence of other MDROs: ☐ MRSA ☐ VRE ☐ ESBL ☐ C. diff	☐ Unknown
☐	Invasive Devices:	

☐ Central Line	☐ Dialysis Catheter	☐ ET/NT Tube
☐ Tracheostomy	☐ Enteral Feeding Tube	☐ Indwelling Urinary Catheter
☐ Nephrostomy Tube	☐ Surgical Drain	☐ Unknown
☐ Other (please specify):		

☐	Exposure to ≥ 1 day of antibiotic therapy in prior 60 days

☐ Carbapenems	☐ Fluoroquinolones	☐ Glycopeptides
☐ β-lactams	☐ Cephalosporins	☐ Piperacillin-Tazobactam
☐Unknown	☐ List specific antibiotics:	

Exposures within the past year		
☐	Prior acute care hospitalization	☐ Unknown
☐	Prior ICU admission	☐ Unknown
☐	Surgery/invasive procedure in past year	☐ Unknown
☐	Long-term Care Facility/SNF residence Facility Name:	☐ Unknown
☐	Long Term Acute Care Hospital residence Facility Name	☐ Unknown
☐	International travel	☐ Unknown
☐	Prior hospitalization in foreign country	☐ Unknown

Infection Control

Patient-based risks for transmission

Yes	**No**	**Unk**	**During this admission…**
☐	☐	☐	Was the patient incontinent of urine?
☐	☐	☐	Was the patient incontinent of stool?
☐	☐	☐	Did the patient experience diarrhea?
☐	☐	☐	Did the patient have open and/or draining wounds?

Institution-based Infection Control Practices

Yes	**No**	**Unk**	
☐	☐	☐	Was the patient identified as CRE colonized/infected prior to admission?
☐	☐	☐	Was the patient screened for CRE upon arrival? If so: ☐ positive ☐ negative
☐	☐	☐	Was the diagnosis of CRE noted in the medical record?
☐	☐	☐	Was the diagnosis of CRE specifically noted in the laboratory report?
☐	☐	☐	Was the patient placed on contact precautions at the time of arrival?
☐	☐	☐	Was the patient placed on contact precautions at the time of inpatient admission?
☐	☐	☐	Was the patient placed on contact precautions during their stay date:
☐	☐	☐	Was the patient in a private room during this admission?
☐	☐	☐	Were contact precautions lifted during this hospital stay?
☐	☐	☐	Were any CRE-specific infection control actions (ie point prevalence surveys, contact tracing) noted in the medical record?

Case ID: ☐☐-☐☐☐

Treatment

Abx this admission	Route	Start Date	End Date	Used to treat CRE	On Discharge
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No
	☐IV ☐PO ☐ IM ☐INH			☐Yes ☐ No ☐ Unk	☐Yes ☐ No

Yes	No	Unk	Allergy to antibiotic(s) noted in medical record? If yes, please note drug or class mentioned:
☐	☐	☐	

☐ Carbapenems	☐ Fluoroquinolones	☐ Glycopeptides	☐ Macrolides
☐ β-lactams	☐ Cephalosporins	☐ Sulfa Drugs	☐ Vancomycin
☐ List all specific drugs mentioned:			

Notes: