Multi-site Gram-Negative Surveillance Initiative (MuGSI)
Healthcare-Associated Infection Community Interface (HAIC) Case Report

Outpatient Provider Information:
«AttendPhysFName» «AttenPhysLName»
«AttendPhysStreet»
«AttendPhysCity», «AttendPhysState» «AttenPhysZip»
«AttendPhone»
Provider Speciality:

Patient Information: «State_ID»
«First_Name» «LASTNAME»
«Street»
«City», «State» «Zip»
Race: «RACE» Ethnicity: «Ethnicity»
Date of Birth: «DOB»

Isolate Information: «Genus» «Species» Date of Collection: «CultureDate» Source: «Source»

Was this culture associated with clinical infection? ☐ Yes ☐ No ☐ Unknown

Was patient hospitalized for this infection? ☐ Yes ☐ No ☐ Unknown
If yes: Hospital name: Admission date: Discharge date:
Was referral recommended to: ☐ Emergency Department ☐ Direct Admission

What types of infection were associated with the culture(s) (check all that apply):

☐	Abscess (not skin)	☐	Chronic ulcer/wound (not decubitus)	☐	Urinary Tract	☐	Endocarditis
☐	Bacteremia			☐	Pyelonephritis	☐	Septic Emboli
☐	AV fistula/Graft	☐	Decubitus/pressure ulcer	☐	Empyema	☐	Peritonitis
☐	Catheter site infection (CVC)	☐	Cellulitis	☐	Pneumonia	☐	Surgical Site (internal)
☐	Septic Arthritis	☐	Skin abscess	☐	Meningitis	☐	Surgical incision infection
☐	Bursitis	☐	Osteomyelitis	☐	Septic Shock	☐	Traumatic wound
☐	Other:						

Underlying conditions (check all that known): ☐ None ☐ Unknown

☐	Current Smoker	☐	Diabetes	☐	Chronic Pulmonary Disease
☐	Alcohol Abuse	☐	Obesity or Morbid obesity	☐	Cystic fibrosis
☐	IV drug use	☐	Urinary Tract Problems/ Abnormality	☐	Metastatic solid tumor
☐	HIV	☐	Chronic Renal Insufficiency	☐	Solid Tumor (non-metastatic)
☐	AIDS / CD4 count < 200	☐	Chronic Liver Disease	☐	Hematologic Malignancy
☐	Decubitus/Pressure Ulcer	☐	Liver failure	☐	Transplant Recipient
☐	Chronic Skin Breakdown	☐	Peptic ulcer	☐	Premature Birth
☐	Dementia/Chronic cognitive impairment	☐	Myocardial Infarction	☐	Spina bifida
		☐	Congestive Heart Failure	☐	Hemiplegia/Paraplegia
☐	Other Neurological problem	☐	CVA/Stroke	☐	Connective Tissue Disease
☐	Peripheral Vascular Disease (PVD)	☐	Other:		

Height: _____ ft / _____ in OR _____ / cm ☐ Unknown Weight: _____ lbs / _____ oz OR ____ / kg ☐ Unknown

Does the patient have an antimicrobial drug allergy on record? ☐ None

Drug class	Reaction	Drug class	Reaction
☐ Penicillins/β-lactams		☐ Macrolides	
☐ Cephalosporins		☐ Fluoroquinolones	
☐ Sulfa Drugs		☐ Other	

Signs and symptoms associated with culture. Please indicate if any of the following symptoms were reported during the 5 day time period including the 2 calendar days before and the 2 calendar days after the day of initial culture:

☐	Cloudy urine	☐	Suprapubic Tenderness	☐	Urinary Frequency	☐	Cough or dyspnea
☐	Pyuria	☐	Unspecified abdominal pain/ tenderness	☐	Urinary Retention	☐	Diarrhea
☐	Dysuria			☐	Urinary Incontinence	☐	Nausea or vomiting
☐	Hematuria	☐	Costovertebral angle pain or tenderness	☐	Fever	☐	Redness or swelling
☐	Leukocytosis			☐	Chills	☐	Positive Imaging
☐	Purulent discharge	☐	Acute pain, swelling or tenderness of the testes, epididymis or prostate	☐	Altered mental status	☐	Unknown
☐	Malodorous urine			☐	Hypotension	☐	None
☐	Other:						

Did you obtain external consultation from an Infectious Disease Specialist?

☐ Yes – Formal (with patient visit) ☐ Yes – Informal / Curbside ☐ No

Did you obtain consultation from the Microbiology Laboratory?

☐ Yes ☐ No

Antibiotics prescribed for the infection(s) associated with this culture?

Antibiotic	Route	Dose	Date Prescribed	Days of Therapy
	☐PO ☐IV ☐ IM ☐INH			
	☐PO ☐IV ☐ IM ☐INH			
	☐PO ☐IV ☐ IM ☐INH			
	☐PO ☐IV ☐ IM ☐INH			

Clinical Response

☐	Responded appropriately to antibiotics	☐	Persistent infection, patient admitted to hospital
☐	Antibiotic change, patient contacted by phone	☐	Asymptomatic colonization, treatment discontinued
☐	Antibiotic change, patient seen in office	☐	Recurrent infection
☐	Unknown / Lost to follow up		

Carbapenem-Resistant *Enterobacteriaceae* (CRE) risk factors of interest (check all that apply):

☐	Hospitalized within year before initial culture? ☐ Yes ☐ No ☐ Unknown Hospital Name:	☐	Patient traveled internationally in the two months prior to the date of initial culture. Countries: Countries where patient was hospitalized:
☐	Surgery/invasive procedure within year prior to culture Procedure Type:	☐	Device in place on the day of culture (up to time of culture) or at any time in the 2 calendar days prior to date of culture: ☐ Central venous catheter ☐ Urinary catheter ☐ ET/NT tube ☐ Tracheostomy ☐ Gastrostomy tube ☐ Nephrostomy tube ☐ NG tube ☐ Other _____
☐	Admitted to Long-term Acute Care Hospital within the year before initial culture date? Facility name:		
☐	Skilled nursing facility resident within year before date of initial culture? Facility name:		
☐	Chronic dialysis at time of culture? ☐Peritoneal ☐ Hemodialysis Access: ☐ AV fistula/graft ☐ CVC ☐ Unknown ☐Unknown		