NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Today's Date (mm/dd/yy): _____

Carbapenem Resistant Enterobacteriaceae
Case Investigation Form

Name and facility/affiliation of person completing report: _____

NEDSS Investigation ID #: _____ **NEDSS Patient ID #:** _____

Demographic Information

Age: _____

DOB: _____

Gender:
☐ Male
☐ Female

Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown**:**

Race:
☐ American Ind/Alaskan Native
☐ Asian
☐ Black/African American
☐ Hawaiian/Pacific Islander
☐ White
☐ Other

Occupation: _____

County of residence: _____ **Local health department:** _____

Hospitalization and Testing Information

Organism name: _____ **Carbapenemase:** _____

Resistant to (antibiotic names): _____

Specimen collection date: _____ *(mm/dd/yy)* **Specimen Source**: _____

Ordering facility: _____ **Reporting facility:** _____

Date of illness onset: _____ *(mm/dd/yy)* **Hospitalized?** ☐Currently ☐Yes, now released ☐No

Hospital name: _____ **Admit date:** _____ *(mm/dd/yy)* **Discharge Date:** _____ *(mm/dd/yy)*

Patient has/had single room? ☐Yes ☐No ☐Unknown **Single bathroom?** ☐Yes ☐No ☐Unknown

Contact precautions in place? ☐Yes, date initiated *(mm/dd/yy)*: _____ ☐No ☐Unknown

Discharged to: ☐Home ☐Other facility (name and type): _____

Repeat testing performed? ☐Yes ☐No ☐Unknown

Specimen collection date *(mm/dd/yy)*: _____ **Specimen Source**: _____

Ordering facility: _____ **Reporting facility:** _____

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Treatment

Antibiotic name	Start date (mm/dd/yy):	End date (mm/dd/yy):

Clinical Information

Clinical presentation (fever, UTI, diarrhea, sepsis, etc):

_____

_____

_____

_____

Procedures performed? ☐Yes ☐No ☐Unknown

Procedure name	Date (mm/dd/yy):

Other bacteria isolated from patient? Procedures performed? ☐Yes ☐No ☐Unknown

Organism name	Specimen source:	Collection date (mm/dd/yy):

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Risk Factor Assessment

Recent contact with the healthcare system? ☐Yes ☐No ☐Unknown

Hospital name	Admit date (mm/dd/yy):	Discharge date (mm/dd/yy):

Recent travel outside of the state (including outside of the country)? ☐Yes ☐No ☐Unknown

Location name	Depart date (mm/dd/yy):	Return date (mm/dd/yy):

Additional Comments: