



Pneumonia (PNEU) Form

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OMB No. 0920-0666
Exp. Date: 02-29-2008

* required for saving **required for completion		
*Facility ID#:	*Event #:	
*Patient ID#:	Social Security #:	
Secondary ID#:		
Patient Name, Last:	First:	Middle:
*Gender: F M	*Date of Birth:	
*Event Type: PNEU	*Date of Event:	
*Post-procedure PNEU: Yes No	Date of Procedure:	
NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*Location:	*Date Admitted to Facility:	

Risk Factors

*Ventilator: Yes No

*For NICU only: Birth weight: _____grams

Event Details

*Specific Event:

Clinically defined pneumonia (PNU1)

Pneumonia with specific laboratory findings (PNU2)

Pneumonia in immunocompromised patients (PNU3)

*Secondary Bloodstream Infection: Yes No

**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No
	*If Yes, specify on page 2 \longrightarrow

Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

Assurance of Confidentiality: The 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)).

Public reporting burden of this collection of information is estimated to average 25 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.75G (Front) Ver. 1.0, Rev. 01/01/2005

Pathogen #	Gram-positive Organisms										
_____	Coagulase-negative staphylococci	VANC	S I R N								
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC	S I R N				
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC	S I R N			
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
Pathogen #	Gram-negative Organisms										
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP		
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ	S I R N								
Pathogen #	Other Organisms										
_____	Organism 1 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	Organism 2 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
_____	Organism 3 (specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____	
		Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	

Drug Codes:

AMK = amikacin	CEFOT = cefotaxime	DAPTO=daptomycin	LNZ = linezolid	PIPTAZ = piperacillin/tazobactam
AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH=erythromycin	MERO = meropenem	QUIDAL= quinupristin/dalfopristin
AMPSUL= ampicillin/sulbactam	CEFTRX = ceftriaxone	GENT=gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ =trimethoprim/sulfamethoxazole
	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	VANC = vancomycin

Result Codes:

S = Susceptible I = Intermediate R = Resistant N = not tested