Instructions for Completion of MDRO or CDI Infection Event Form (CDC 57.126)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the NHSN application.
Event #	Event ID number will be assigned by the NHSN application.
Patient ID	Required. Submit the alphanumeric patient ID. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the patient across all visits and admissions.
Social Security #	Optional. Submit the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Submit any other patient ID assigned by the facility.
Medicare #	Optional. Submit the patient's Medicare number.
Patient Name	Optional. Submit the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Sex at Birth (Birth Sex)	Optional. Select the patient's sex assigned at birth. Male Female Unknown
Gender Identity	Optional. Specify the gender identity/identities which most closely matches how the patient self-identifies. Multiple selections are allowed, except when selecting "Asked but unknown." Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino; otherwise, select Declined to Respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available.

Data Field	Instructions for Form Completion
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian or Alaska Native (1002-5) Asian (2028-9) Black or African American (2054-5) Middle Eastern or North African (2118-8) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Language	Optional. Specify the patient's preferred language from the NHSN abridged primary language list available at: https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx. Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Interpreter Needed?	Optional. Select YES if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO. Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Event Details	
Event Type	Required. Submit infection event type other than BSI, Pneumonia, VAE, SSI, or UTI. For reporting MDRO infections that are BSI, Pneumonia, VAE, SSI, or UTI, use those infection forms and instructions.
Date of Event	Required. The date when the first element used to meet the specific event infection criterion occurred for the first time, during the Infection Window Period. Submit date of this event using the format: MM/DD/YYYY. **Note:** If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, use the last day of the previous month as the Date of Event. Synonyms: infection date, date of infection.

Data Field	Instructions for Form Completion
Post Procedure Event	Optional. Submit as "Yes" if the infection occurred after an NHSN-defined procedure but before discharge from the facility, otherwise submit as "No".
Date of Procedure	Conditionally required. If Post Procedure Event = Yes. If an NHSN-defined procedure was performed, submit the date when the NHSN procedure started using the format: MM/DD/YYYY.
MDRO Infection	Required. Submit "Yes", if the pathogen is being followed for <u>Infection Surveillance</u> in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-Klebsiella, CRE (*E. coli, Klebsiella pneumoniae, Klebsiella oxytoca*, or *Enterobacter*), MDR-Acinetobacter, or *C. difficile*. If the pathogen for this infection is identified as an MDRO but your facility is **not** following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer "No" to this question.
NHSN Procedure code	Conditionally required. If Post Procedure Event = Yes. Answer this question only if this patient developed the MDRO or *C. difficile* infection during the same admission as an operative procedure. Enter the appropriate NHSN procedure code. **Note:** An MDRO infection cannot be "linked" to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the "Link to Procedure" button is clicked, the fields pertaining to the operation will be auto-entered by the computer. For detailed instructions on how to report NHSN operative procedures, see the SSI chapter
ICD-10-PCS/CPT Procedure Code	Optional. The ICD-10-PCS code may be submitted instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is entered, the NHSN procedure code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The NHSN ICD-10-PCS and CPT codes are found in the "Operative Procedure Code Documents" section of the Surgical Site Infection (SSI) Events page on the NHSN website.
Specific Organism Type	Required. Select the pathogen(s) identified for this infection event. You may select up to 3.

Data Field	Instructions for Form Completion
Date Admitted to Facility	Required. Submit the date patient admitted to an inpatient location using this format: MM/DD/YYYY. The date admitted to facility should be the calendar date the patient is placed into an inpatient location for the facility. Notes: • When determining a patient's admission dates to both the facility and specific inpatient location, the NHSN user must take into account all days, including any days spent in an inpatient location as an "observation" patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the **inpatient location**. • Non-bedded inpatient locations such as Operating Room or Interventional Radiology are eligible inpatient locations for determining date of admission. • When reporting an HAI which occurs on the day of or day after discharge, use the previous date of admission as admission date.
Location	Required. Submit the inpatient location where the patient was assigned when the MDRO or *C. difficile* infection (CDI) was acquired (date of event). If the date of the infection event occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule.
Specific Event Type	Required. List the specific CDC-defined infection event type. For event type = BSI, VAE, PNEU, SSI, or UTI this form should **not** be used. Use the form designed for that event.
Signs & Symptoms	Required. Using the [Surveillance Definitions](#) chapter check all signs and symptoms used to confirm the diagnosis of this infection event in the observed patient.
Laboratory or Diagnostic Testing	Conditionally required. Indicate whether any blood cultures, other laboratory tests or radiologic exams were used to diagnose the infection.
Clostridioides difficile Infection	
Admitted to ICU for CDI complications	Conditionally required. If pathogen is *C. difficile*, report as "Yes" to indicate admission to ICU for *C. difficile* complications (for example, shock that requires vasopressor therapy), otherwise report "No".
Surgery for CDI complications	Conditionally required. If pathogen is *C. difficile*, report "Yes" to indicate surgery for *C. difficile* complications, otherwise report "No". Surgery might include colectomy for toxic megacolon, perforation or refractory colitis.

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Secondary Bloodstream Infection	Required. Report "Yes" if there is a bloodstream infection (BSI) secondary to this infection identified, otherwise report "No". For detailed instructions on identifying whether the blood organism identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix A of the BSI chapter).
COVID-19	Required. Report "Y" (yes) if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, report "N" (no). Confirmed: A patient with a positive COVID-19 (SARS-CoV-2) laboratory viral test indicating current infection (**NOTE:** this does not include serology testing for antibody). • Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status. • Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event is negative.
Died	Required. Report "Yes" if the patient died during this hospitalization, otherwise report "No".
Event Contributed to Death	Conditionally Required. **MDRO**: If the patient died during this admission, report "Yes" if such evidence is available indicating the MDRO infection contributed to death, specifically, death/discharge note, autopsy report, otherwise report "No". **CDI:** Report "Yes" <u>only</u> if the patient died within 30 days after *C. difficile* infection symptom onset and **during the current hospital admission**.
Discharge Date	Optional. Report the date the patient was discharged from the facility using the format: MM/DD/YYYY. If the patient died during this admission report the death date as the discharge date.
Pathogens Identified	Required. Report "Yes" if pathogen identified, "No" if otherwise; if "Yes", indicate the pathogen identified on the antibiogram on page 2. If the pathogen was *C. difficile,* submit under *Other Organisms* but do not include antibiogram. **Note:** Any infection reported as an MDRO or CDI must have a pathogen identified.
Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	Up to three pathogens may be reported. If multiple pathogens are identified, submit the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be provided only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN drop down list, select the "spp" choice for the genus (for example, *Bacillus natto* would be reported as *Bacillus* spp.).

Data Field	Instructions for Form Completion
Antimicrobial agent and susceptibility results	Conditionally required if Pathogen Identified = Y. • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional. Provide the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. **Note:** Each custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter comments for local use and the values entered. These fields may not be analyzed.