Appendix I: Nursing Home Prevalence Survey Resident Chart Review Form

Survey Date: ☐☐/☐☐/☐☐☐☐ Date Form Completed: ☐☐/☐☐/☐☐☐☐

Data Collected by: _____
(initials)

Section A: Resident Characteristics

Admission Date: ☐☐/☐☐/☐☐☐☐
(MM/DD/YYYY)

FOR LOCAL USE ONLY, WILL NOT BE TRANSMITTED TO CDC

Name:_____

Medical Record Number: _____

Race (check all that apply):
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Unknown

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

Age: ☐☐☐ years

Gender:
- ☐ Male
- ☐ Female
- ☐ Unknown

Diabetes:
- ☐ Yes
- ☐ No

Receiving Hospice Care:
- ☐ Yes
- ☐ No

Section B: Resident Data: Risk Factors

Urinary device: ☐ Yes ☐ No → ***If Yes:***
☐ Indwelling ☐ Suprapubic ☐ Condom (male only)
☐ Nephrostomy or urostomy tube ☐ Unknown device

Vascular device ☐ Yes ☐ No → ***If Yes, check all that apply:***
☐ PICC ☐ Other, specify:_____
☐ Dialysis Catheter ☐ Unknown device

Tracheostomy tube: ☐ Yes ☐ No → ***If Yes, indicate if resident is also on a ventilator***
Ventilator ☐ Yes ☐ No

Percutaneous Gastrostomy/ Jejunostomy (PEG/PEJ) Tube : ☐ **Yes** ☐ **No**

Wound: ☐ **Yes** ☐ **No** → ***If Yes, check all that apply:***
☐ Pressure ulcer ☐ Other, specify:_____
☐ Unknown

Section C: Documentation of Indicators of Infection

Receiving systemic antimicrobials on the survey date or the day before (See Antimicrobial Agent List for names of eligible antimicrobials)	☐ **Yes** ☐ **No**
Presents with signs/symptoms of infection on the survey date or the day before (for example, fever, cough, diarrhea, pain, local redness or tenderness, purulent drainage, abnormal lung exam, urinary frequency or urgency, etc.)	☐ **Yes** ☐ **No**
Provider notification due to **any decline** in resident status on the survey date or the day before (e.g., fall, short of breath, chest pain, more sleepy than usual, etc.)	☐ **Yes** ☐ **No**

Section D: Systemic Antimicrobials (See Antimicrobial Agent List for names of eligible antimicrobials)

Check here ☐ if no systemic antimicrobials were administered or schedule to be administer on the survey date or day before

	Antimicrobial 1	Antimicrobial 2	Antimicrobial 3	Antimicrobial 4
Antimicrobial Name	…………………………..	…………………………..	…………………………..	…………………………..
Antimicrobial start date	☐☐/☐☐/☐☐ ☐ Not documented	☐☐/☐☐/☐☐ ☐ Not documented	☐☐/☐☐/☐☐ ☐ Not documented	☐☐/☐☐/☐☐ ☐ Not documented
Treatment end date documented?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Treatment review documented?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Administration route	☐ Oral/Enteral ☐ IV or IM ☐ Inhaled ☐ Not documented	☐ Oral/Enteral ☐ IV or IM ☐ Inhaled ☐ Not documented	☐ Oral/Enteral ☐ IV or IM ☐ Inhaled ☐ Not documented	☐ Oral/Enteral ☐ IV or IM ☐ Inhaled ☐ Not documented
Treatment rationale	☐ Prophylactic ☐ Therapeutic ☐ Not documented	☐ Prophylactic ☐ Therapeutic ☐ Not documented	☐ Prophylactic ☐ Therapeutic ☐ Not documented	☐ Prophylactic ☐ Therapeutic ☐ Not documented
Treatment site (check all that apply)	☐ Urinary Tract ☐ Genital Tract ☐ Skin or wound ☐ Respiratory Tract ☐ Gastrointestinal ☐ Eye ☐ Ear, nose, mouth ☐ Bloodstream Infx ☐ Sepsis ☐ Other (specify) …………………………… ☐ Not documented	☐ Urinary Tract ☐ Genital Tract ☐ Skin or wound ☐ Respiratory Tract ☐ Gastrointestinal ☐ Eye ☐ Ear, nose, mouth ☐ Bloodstream Infx ☐ Sepsis ☐ Other (specify) …………………………… ☐ Not documented	☐ Urinary Tract ☐ Genital Tract ☐ Skin or wound ☐ Respiratory Tract ☐ Gastrointestinal ☐ Eye ☐ Ear, nose, mouth ☐ Bloodstream Infx ☐ Sepsis ☐ Other (specify) …………………………… ☐ Not documented	☐ Urinary Tract ☐ Genital Tract ☐ Skin or wound ☐ Respiratory Tract ☐ Gastrointestinal ☐ Eye ☐ Ear, nose, mouth ☐ Bloodstream Infx ☐ Sepsis ☐ Other (specify) …………………………… ☐ Not documented

MICROBIOLOGIC DATA AT TIME OF ANTIMICROBIAL START

Check here ☐ if no microbiologic testing was done at antimicrobial start

	Specimen	1	2	3	4
Date of specimen collection		☐☐/☐☐/☐☐	☐☐/☐☐/☐☐	☐☐/☐☐/☐☐	☐☐/☐☐/☐☐
Site of specimen collection					
Name of Isolated Organism (See Organism Codes List)	1				
	2				
	3				

Section E: Infection Signs and Symptoms **Indicate number of Section E's completed for this Resident : ☐ of ☐**

Indicate the reason for completing this section: ☐ Antimicrobial use on the day of the survey or day before
☐ Signs/symptoms or Provider notification on day of survey or day before

Check here ☐ if NONE of the criteria listed in Section E were identified in the facility documentation (move to Section F)

Date of first sign or symptom onset: ☐☐ /☐☐ /☐☐☐☐ Symptom onset in: ☐ This facility ☐ Other healthcare facility ☐ Community ☐ Unknown

Constitutional symptoms and signs

CHECK ALL THAT APPLY

☐ Acute change in mental status from baseline
WERE ANY OF THE FOLLOWING DOCUMENTED:
- ☐ Acute onset
- ☐ Fluctuating course (Behavior fluctuating e.g., coming and going)
- ☐ Inattention (Difficulty focusing attention, e.g., unable to keep tract of discussion or easily distracted)
- ☐ Disorganized thinking (Thinking is incoherent, e.g., rambling conversation, unclear flow of ideas)
- ☐ Altered level of consciousness (Hyperalert, sleepy, drowsy, difficult to arouse, nonresponsive)
- ☐ Confusion
- ☐ Other, please specify:_____

☐ Acute functional decline
WAS A CHANGE IN LEVEL OF ASSISTANCE FOR ANY OF THE FOLLOWING DOCUMENTED:
- ☐ Bed mobility
- ☐ Transfer
- ☐ Locomotion within the LTCF
- ☐ Dressing
- ☐ Toilet use
- ☐ Personal hygiene
- ☐ Eating

☐ Rigors or chills

☐ Myalgias or body aches

☐ Malaise

☐ Loss of appetite or decreased oral intake

☐ New-onset hypotension

☐ Respiratory rate >=25 breaths per minute

☐ Decreased oxygenation
Select which of the following were documented:
- ☐ Pulse oximetry with single O2 saturation reading of <94%
- ☐ Pulse oximetry with single O2 saturation reading showing reduction of 3% from baseline
- ☐ Resident newly placed on oxygen

☐ Leukocytosis
Select which of the following were documented:
- ☐ Neutrophilia (>14,000 leukocytes/mm3)
- ☐ Left shift (6% bands or ≥1,500 bands/mm3)

☐ Fever
Select which of the following were documented:
- ☐ Single temperature >37.8oC (>100oF)
- ☐ Repeated temperatures >37.2oC (99oF)
- ☐ Single temperature >1.1oC (2oF) over baseline
- ☐ The term "Fever" is documented, but temperature value is not recorded

☐ New hypothermia (<34.5°C, or does not register on the thermometer being used)

Urinary tract symptoms and signs

INDICATE PRESENCE OF AN INDWELLING URINARY CATHETER AT THE TIME OF ONSET:

☐ Resident with an indwelling urinary catheter

☐ Resident without an indwelling urinary catheter

SIGNS AND SYMPTOMS: INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Acute dysuria (e.g., "burning or pain with urination")

☐ Acute pain/swelling or tenderness of the testes, epididymis, or prostate

☐ Purulent discharge around catheter

☐ Acute costovertebral angle pain or tenderness

☐ Suprapubic pain or tenderness

☐ Gross hematuria

☐ New or marked increase in frequency

☐ New or marked increase in urgency

☐ New or marked increase in incontinence

URINE TESTING

☐ Dipstick ☐ Urinalysis ☐ Not done

Indicate which of the following results were PRESENT: Nitrites: ☐ Positive ☐ Negative ☐ Not done

Leukocyte esterase: ☐ Positive ☐ Negative ☐ Not done

>5 White cells/high power field: ☐ Positive ☐ Negative ☐ Not done

URINE CULTURE

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done

If urine culture was done, indicate the date of specimen collection: ☐☐/☐☐/☐☐☐☐

If urine culture is positive, indicate how the specimen was collected:

☐ Voided urine sample ☐ Indwelling urinary catheter specimen ☐ Straight ("In-and-out") catheter ☐ Not documented

Indicate which of the following results were PRESENT:

☐ 10^5 cfu/ml of no more than 2 species of microorganisms

☐ $<10^5$ cfu/ml of no more than 2 species of microorganisms

☐ Other result, please specify: _____

Report the organisms isolated from this specimen, only if they were NOT already reported in Section D: Systemic Antimicrobials

Use Organism Codes List	1	
	2	
	3	

☐ ***Documentation of provider suspected or diagnosed urinary tract infection***

Respiratory tract symptoms and signs

SIGNS AND SYMPTOMS

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Runny nose or sneezing

☐ Stuff nose (i.e. congestion)

☐ Sore throat or hoarseness or difficulty in swallowing

☐ Headache or eye pain

☐ Swollen or tender glands in the neck (cervical lymphadenopathy)

☐ New / increased cough

☐ New/increased sputum production

☐ Pleuritic chest pain

☐ Abnormal lung examination (new or changed)

CHEST XRAY IMAGING:

☐ POSTIVE for pneumonia or a new infiltrate

☐ Positive with findings not consistent with pneumonia or a new infiltrate

☐ Negative

☐ Test results unavailable

☐ Not done

RESPIRATORY CULTURE:

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done

If done, indicate the specimen source**:**_____

If done, indicate the date of specimen collection: ☐☐/☐☐/☐☐☐☐

Report the organisms isolated from this specimen, only if they were NOT already reported in Section D: Systemic Antimicrobials

Use Organism Codes List	1	
	2	
	3	

Documentation of provider suspected or diagnosed

☐ Cold ☐ Pharyngitis

☐ Influenza-like illness ☐ Lower respiratory infection

☐ Pneumonia

☐ Other respiratory tract infection, please specify: _____

Skin symptoms and signs

SUSPECTED CELLULITIS/SOFT TISSUE/WOUND INFECTIONS

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Purulent drainage from a wound

☐ Evidence of pus associated with a skin or soft tissue site

☐ Presence of inflammation at the *affected* wound or skin site, select which of the following were documented:
- ☐ Heat
- ☐ Tenderness or pain
- ☐ Redness
- ☐ Serous drainage
- ☐ Swelling

☐ Topical antimicrobial applied at *affected* site (e.g., ointment or cream)

CULTURE FROM THE *AFFECTED* WOUND OR SKIN SITE

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done

If done, indicate the date of specimen collection: ☐☐/☐☐/☐☐☐☐

Report the organisms isolated from this specimen, only if they were NOT already reported in Section D: Systemic Antimicrobials

Use Organism Codes List	1	
	2	
	3	

Documentation of provider suspected or diagnosed

☐ Wound infection

☐ Cellulitis

☐ Other, please specify: _____

SUSPECTED SCABIES

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Maculopapular and/or itching rash
☐ Laboratory confirmation (positive scraping or biopsy)
☐ Epidemiological linkage to a case of scabies with lab confirmation
☐ Provider diagnosis

SUSPECTED HERPES SIMPLEX OR ZOSTER INFECTION

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ A vesicular rash
☐ Laboratory confirmation
☐ Provider diagnosis of herpes simplex
☐ Provider diagnosis of herpes zoster infection

SUSPECTED FUNGAL INFECTION

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Characteristic rash or skin lesion
☐ Lab confirmed fungal pathogen from scraping or biopsy
☐ Provider diagnosis of fungal skin infection

Gastrointestinal tract symptoms and signs

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Diarrhea (liquid or watery stools)

☐ Vomiting

☐ Nausea

☐ Abdominal pain or tenderness

ABDOMINAL XRAY IMAGING:

☐ POSTIVE for evidence of toxic megacolon
☐ Positive with findings not consistent with toxic megacolon
☐ Negative
☐ Test results unavailable
☐ Not done

STOOL TESTING FOR C. DIFFICILE

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done
If done, indicate the date of specimen collection: ☐☐/☐☐/☐☐☐☐

STOOL CULTURE FOR PATHOGENS (BACTERIA, PARASITES, ETC.)

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done
If done, indicate the date of specimen collection: ☐☐/☐☐/☐☐☐☐

Report the organisms isolated from this specomen, only if they were NOT already reported in Section D: Systemic Antimicrobials

Use Organism Codes List	1	
	2	
	3	

☐ Pseudomembranous colitis found by endoscopy, surgery or biopsy

☐ **Documentation of provider *suspected or* diagnosed C. difficile infection**

☐ **Documentation of provider *suspected or* diagnosed gastroenteritis**

Eye, Ear, Nose and Mouth symptoms and signs

SUSPECTED CONJUNCTIVITIS

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Pus appearing from one or both eyes, present for at least 24 hours
☐ New or increased conjunctival erythema, with or without itching
☐ New or increased conjunctival pain, present for at least 24 hours.
☐ No documentation of allergy or trauma
☐ Topical antimicrobial applied (e.g., ointment or drops)
☐ Provider diagnosis of conjunctivitis

SUSPECTED EAR INFECTION

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ New drainage from one or both ears
☐ Ear pain
☐ Ear tenderness
☐ Topical antimicrobial applied (e.g., ointment or drops)
☐ Provider diagnosis of any ear infection

SUSPECTED ORAL CANDIDIASIS

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

☐ Presence of raised white patches on inflamed mucosa
☐ Plaques on oral mucosa
☐ Provider diagnosis of oral candidiasis

Bloodstream Infections

INDICATE WHICH OF THE FOLLOWING WERE DOCUMENTED (SELECT ALL THAT APPLY):

BLOOD CULTURE

☐ Positive ☐ Negative ☐ Test results unavailable ☐ Not done

If blood culture was done, indicate the date of specimen collection (if multiple, indicate the date of first culture): ☐☐/☐☐/☐☐☐☐

If blood culture results is positive, indicate if ;

☐ A single blood culture with a NHSN-defined recognized pathogen

☐ Two or more blood cultures positive for the same NHSN-defined commensal (e.g., skin) organism

Report the organisms isolated from this specimen, only if they were NOT already reported in Section D: Systemic Antimicrobials

Use Organism Codes List	1	
	2	
	3	

☐ ***Documentation of provider suspected or diagnosed bloodstream infection***

☐ ***Documentation of provider suspected or diagnosed sepsis***

Other infection

Please specify:

Section F: Selected Antimicrobial Susceptibilities

Check here ☐ if NO organisms were isolated or if the organism isolated if NOT one of those listed below - Data collection is now complete

If one or more of the organism listed below was isolated from a specimen collected, check the box for the organism(s) and report the susceptibility result for the indicated antimicrobial agents. If 2 or more strains of the same organism are identified, enter the susceptibility pattern for the first organism isolated

Organism [code]	OX/ METH	VANC	LINZ	TMZ	AMP	CEFZN	AMP-SUL	PIP-TAZO	CIPRO	LEVO	CEFTRX	CEFTAZ	CEFEP	GENT	IMI	MERO
☐ S. aureus [SA]	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A		☐ S ☐ R ☐ N/A										
☐ Enterococcus spp. [ENTFM or ENTFS]	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A		☐ S ☐ R ☐ N/A											
☐ E. coli [EC]				☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A
☐ Klebsiella pneumoniae or oxytoca [KP or KO]				☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A
☐ Proteus mirabilis [PM]				☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A
☐ Enterobacter cloacae [ENC]				☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A
☐ Pseudomonas aeruginosa [PA]								☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A
☐ Acinetobacter baumanii [ACBA]							☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A	☐ S ☐ R ☐ N/A

S – Susceptible R – Intermediate or resistance N/A – Not available or not tested

Antimicrobial agent abbreviations: AMP=ampicillin, AMP-SUL=ampicillin/sulbactam, CEFZN= cefazolin, CEFEP = cefepime, CEFTAZ=ceftazidime, CEFTRX=ceftriaxone, CIPRO = ciprofloxacin, GENT=gentamicin, IMI=imipenem, LEVO=levofloxacin, LINZ = linezolid, MERO = meropenem OX/METH=oxacillin or methicillin, PIP-TAZO=piperacillin/ tazobactam, TMZ=trimethoprim/sulfamethoxazole, VANC=vancomycin