

# Pneumonia (PNEU)

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*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Sex at Birth: F M Unknown	Gender Identity (Specify):
Ethnicity (Specify):	Race (Specify):
*Event Type: PNEU	*Date of Event:
Post-procedure PNEU: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
*MDRO Infection Surveillance:	
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility:	*Location:
<b>Risk Factors</b>	
*Ventilator: Yes No Location of Device Insertion: _____ Date of Device Insertion: __/__/____ For NICU only: Birth weight: _____ grams	
<b>Event Details</b>	
*Specific Event: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3 *Immunocompromised: Yes No	
*Specific Criteria Used: (check all that apply)	
<u>Imaging Test Results</u>	
<input type="checkbox"/> New or progressive and persistent infiltrate <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatoceles (in $\leq 1$ y.o.)	
<u>Signs &amp; Symptoms</u>	
<u>Laboratory</u>	
<input type="checkbox"/> Fever <input type="checkbox"/> Leukopenia or leukocytosis <input type="checkbox"/> Altered mental status (in $\geq 70$ y.o.) <input type="checkbox"/> New onset/change in sputum <input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea <input type="checkbox"/> Rales or bronchial breath sounds <sup>†</sup> <input type="checkbox"/> Worsening gas exchange <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Temperature instability <input type="checkbox"/> Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting <input type="checkbox"/> Hypothermia <input type="checkbox"/> Wheezing, rales, or rhonchi <sup>†</sup> <input type="checkbox"/> Cough <input type="checkbox"/> Bradycardia or tachycardia	<input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Organism(s) identified from pleural fluid <input type="checkbox"/> Positive quantitative culture from LRT specimen <input type="checkbox"/> $\geq 5\%$ BAL cells w/ bacteria <input type="checkbox"/> Positive quantitative culture of lung tissue <input type="checkbox"/> Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae <input type="checkbox"/> Virus, <i>Bordetella</i> , <i>Legionella</i> , <i>Mycoplasma</i> or <i>Chlamydia</i> identified from respiratory secretions or tissue <input type="checkbox"/> 4-fold rise in paired sera for pathogen <input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> antibody titer <input type="checkbox"/> <i>L pneumophila</i> serogroup 1 antigens in urine <input type="checkbox"/> Matching <i>Candida</i> spp. identified from blood & sputum, endotracheal aspirate, BAL or protected specimen brushing <input type="checkbox"/> Fungi from LRT specimen
<sup>†</sup> There are two criteria referring to rales in the PNU 1 signs and symptoms list. Please choose the one that corresponds to the specific algorithm used to identify this pneumonia (Any Patient or Alternate Criteria based on age).	
*Secondary Bloodstream Infection: Yes No	*COVID-19: Yes No
**Died: Yes No	PNEU Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3
<b>Assurance of Confidentiality:</b> The voluntarily provided 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 5 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.111 (Front)	

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Pathogen #	Gram-positive Organisms							
	<i>Staphylococcus coagulase-negative</i>  (specify species if available):	<b>CEFOX/OX</b> SRN	<b>VANC</b> SIRN					
	___ <i>Enterococcus faecium</i>  ___ <i>Enterococcus faecalis</i>  ___ <i>Enterococcus</i> spp. (Only those not identified to the species level)	<b>DAPTO</b> S I/S-DD NS R N	<b>GENTHL<sup>s</sup></b> SRN	<b>LNZ</b> SIRN	<b>VANC</b> SIRN			
	<i>Staphylococcus aureus</i>	<b>CEFOX/METH/OX</b> SRN	<b>CEFTAR</b> SS-DDIR N	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>CLIND</b> SIRN	<b>DAPTO</b> SNSN	<b>DOXY/MINO</b> SIRN	<b>GENT</b> SIRN
		<b>LNZ</b> SRN	<b>RIF</b> SIRN	<b>TETRA</b> SIRN	<b>TMZ</b> SIRN	<b>VANC</b> SIRN		
Pathogen #	Gram-negative Organisms							
	<i>Acinetobacter</i> (specify species)  _____	<b>AMK</b> SIRN	<b>AMPSUL</b> SIRN	<b>CEFEP</b> SIRN	<b>CEFTAZ/CEFOT/CEFTRX</b> SIRN	<b>CIPRO/LEVO</b> SIRN	<b>COL/PB</b> SRN	<b>DORI/MERO</b> SIRN
		<b>DOXY/MINO</b> SIRN	<b>GENT</b> SIRN	<b>IMI</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN	
	<i>Escherichia coli</i>	<b>AMK</b> SIRN	<b>AMP</b> SIRN	<b>AMPSUL/AMXCLV</b> SIRN	<b>AZT</b> SIRN	<b>CEFAZ</b> SIRN	<b>CEFEP</b> S I/S-DDRN	<b>CEFOT/CEFTRX</b> SIRN
		<b>CEFTAVI</b> SRN	<b>CEFTAZ</b> SIRN	<b>CEFTOTAZ</b> SIRN	<b>CIPRO/LEVO/MOXI</b> SIRN	<b>COL/PB<sup>†</sup></b> IRN	<b>DORI/IMI/MERO</b> SIRN	<b>DOXY/MINO/TETRA</b> SIRN
		<b>ERTA</b> SIRN	<b>GENT</b> SIRN	<b>IMIREL</b> SIRN	<b>MERVAB</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TIG</b> SIRN	<b>TMZ</b> SIRN
		<b>TOBRA</b> SIRN						
	<i>Enterobacter</i> (specify species)  _____	<b>AMK</b> SIRN	<b>AZT</b> SIRN	<b>CEFEP</b> S I/S-DDRN	<b>CEFOT/CEFTRX</b> SIRN	<b>CEFTAVI</b> SRN	<b>CEFTAZ</b> SIRN	<b>CEFTOTAZ</b> SIRN
		<b>CIPRO/LEVO/MOXI</b> SIRN	<b>COL/PB<sup>†</sup></b> IRN	<b>DORI/IMI/MERO</b> SIRN	<b>DOXY/MINO/TETRA</b> SIRN	<b>ERTA</b> SIRN	<b>GENT</b> SIRN	<b>IMIREL</b> SIRN
		<b>MERVAB</b> SIRN	<b>PIPTAZ</b> SIRN	<b>TIG</b> SIRN	<b>TMZ</b> SIRN	<b>TOBRA</b> SIRN		

Pathogen #	Gram-negative Organisms (continued)									
_____ <i>Klebsiella pneumoniae</i>  _____ <i>Klebsiella oxytoca</i>  _____ <i>Klebsiella aerogenes</i>	<b>AMK</b>	<b>AMPSUL/AMXCLV</b>	<b>AZT</b>	<b>CEFAZ</b>	<b>CEFEP</b>	<b>CEFOT/CEFTRX</b>	<b>CEFTAVI</b>			
	SIRN	SIRN	SIRN	SIRN	S/S-DDRN	SIRN	SIRN			
	<b>CEFTAZ</b>	<b>CEFTOTAZ</b>	<b>CIPRO/LEVO/MOXI</b>	<b>COL/PB†</b>	<b>DORI/IMI/MERO</b>	<b>DOXY/MINO/TETRA</b>	<b>ERTA</b>			
SIRN	SIRN	SIRN	IRN	SIRN	SIRN	SIRN	SIRN			
<b>GENT</b>	<b>IMIREL</b>	<b>MERVAB</b>	<b>PIPTAZ</b>	<b>TIG</b>	<b>TMZ</b>	<b>TOBRA</b>				
SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN			
_____ <i>Pseudomonas aeruginosa</i>	<b>AMK</b>	<b>AZT</b>	<b>CEFEP</b>	<b>CEFTAVI</b>	<b>CEFTAZ</b>	<b>CEFTOTAZ</b>	<b>CIPRO/LEVO</b>			
	SIRN	SIRN	SIRN	SRN	SIRN	SIRN	SIRN			
	<b>COL/PB</b>	<b>DORI/IMI/MERO</b>	<b>GENT</b>	<b>PIPTAZ</b>	<b>TOBRA</b>					
SIRN	SIRN	SIRN	SIRN	SIRN	SIRN					
Pathogen #	Fungal Organisms									
_____ <i>Candida</i> (specify species if available)  _____	<b>ANID</b>	<b>CASPO</b>	<b>FLUCO</b>	<b>MICA</b>	<b>VORI</b>					
	SIRN	SIRN	SS-DDRN	SIRN	SIRN					
Pathogen #	Other Organisms									
_____ Organism 1 (specify)  _____	<b>Drug 1</b>	<b>Drug2</b>	<b>Drug3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	
_____ Organism 1 (specify)  _____	<b>Drug 1</b>	<b>Drug2</b>	<b>Drug3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	
_____ Organism 1 (specify)  _____	<b>Drug 1</b>	<b>Drug2</b>	<b>Drug3</b>	<b>Drug 4</b>	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	
	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	

**Result Codes**

**S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent**

**N = Not tested**

**§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

**† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4**

<b>Drug Codes:</b>			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= ceftazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	

CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	
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## Pneumonia (PNEU)

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### Custom Fields

Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____	_____
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### Comments