

## Instructions for Completion of Pneumonia (PNEU) Form (CDC 57.111)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto entered by the computer.
Event #	Event ID number will be auto entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient
	identifier assigned by the hospital and may consist of any combination of
	numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter 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	Optional. Select the patient's sex assigned at birth.
(Birth Sex)	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's birth using this format:
e.i	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
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	<b>NOTE</b> : Select "Unknown" in the rare circumstance when the patient is
	non-communicative and/or access to this information is not available.
Race	Optional. Specify one or more of the choices below to identify the
	patient's race:



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	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
	<b>NOTE</b> : 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-
	<u>List.xlsx</u> .
	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 type	Required. PNEU.
Date of event	Required. The date of event is the date when the first element used to
	meet the PNEU infection criterion occurred for the first time, during the
	Infection Window Period. Enter date of this event using this 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, attribute
	the infection to the previous month.
Post-procedure PNEU	Optional. Check Y if this event occurred after an NHSN-defined procedure
1 03t procedure Fiveo	but before discharge from the facility; otherwise, check N.
Date of procedure	Conditionally required. If Post-procedure PNEU = Y, then enter the date
Date of procedure	the procedure was done.
	the procedure was dolle.



Data Field	Instructions for Data Collection
NHSN procedure code	Conditionally required. If Post-procedure PNEU = Y. Answer this question only if this patient developed the PNEU during the same admission as an operative procedure. Enter the appropriate NHSN procedure code.
	<b>Note:</b> A PNEU 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.
ICD-10-PCS or CPT Procedure code	Optional. The <u>ICD-10-PCS</u> or <u>CPT</u> code may be entered here 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 <a href="Surgical Site Infection">Surgical Site Infection</a> (SSI) Events page on the NHSN website.
MDRO Infection Surveillance	Required. Select Yes if the pathogen is being followed for Infection Surveillance 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, Klebsiella aerogenes or Enterobacter), MDR-Acinetobacter, or C. difficile. If the pathogen for this infection happens to be 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.
Location	Required. Enter the inpatient location to which the patient was assigned on the date of the PNEU event. If the PNEU 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 (see <a href="Key Terms section">Key Terms section</a> ).



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Date admitted to facility	Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY.
	<ul> <li>When determining a patient's admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such 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.</li> </ul>
	<ul> <li>Non-bedded inpatient locations such as Operating Room or Interventional Radiology are eligible inpatient locations for determining date of admission.</li> </ul>
	<ul> <li>When reporting a PNEU which occurs on the day of or day after discharge use the previous date of admission as admission date.</li> </ul>
Risk Factors	
Ventilator	Required. Check Y if the patient with PNEU had a device to assist or control respiration through a tracheostomy or by endotracheal intubation that had been in place for more than two calendar days on the date of the event inclusive of the weaning period; otherwise, check N. Date of device insertion = Day 1. If ventilator was in place prior to inpatient admission, the ventilator day count begins with the admission date to the first inpatient location.
Birth weight	Optional. For <i>off-plan</i> reporting in a NICU patient, enter the patient's birth weight in grams, <u>not</u> the weight on the date of event.
Location of device	Optional. Enter the patient location where the intubation and ventilation
insertion	procedure was performed
Date of device insertion	Optional. Enter the date the intubation and ventilation procedure was performed.
Event Details: PNEU	Required. Check one: Clinically Defined Pneumonia (PNU1), Pneumonia
Specific event	with specific laboratory findings (PNU2), or Pneumonia in
	immunocompromised patients (PNU3), whichever criteria are met for this event.
Event Details:	Required. Check each of the elements that were used to identify the
Specify criteria used	specific type of PNEU being reported.



Data Field	Instructions for Data Collection
Event Details:	Required. Check Y if there is a bloodstream infection (BSI) identified
Secondary bloodstream	related to PNEU; otherwise, check N. For detailed instructions on
infection	identifying whether a blood specimen identification represents a
	secondary BSI, refer to the Appendix: Secondary BSI Guide of the BSI
	Event protocol.
	<b>Note:</b> Secondary BSI is N if the specific event is PNU1.
COVID-19	Required. Check Y if the patient met the definition of confirmed COVID-19
	on the date of event; otherwise, check N.
	Confirmed: A patient with a positive COVID-19 (SARS CoV-2) laboratory
	viral test indicating current infection ( <b>Note</b> : 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.
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Event Details:	Required. Check Y if patient died during the hospitalization; otherwise,
Died	check N.
Event Details:	Conditionally required. If the patient died, check Y if such evidence is
PNEU contributed to	available (for example, death/discharge note, autopsy report, etc.);
death	otherwise, check N.
Event Details:	Optional. Enter date patient discharged from facility using this format:
Discharge date	MM/DD/YYYY.
Event Details:	Required. Enter Y if Pathogen Identified; otherwise, check N. If Yes,
Pathogens identified	specify organism.
	<b>Note:</b> Pathogens identified defaults to N if the specific event is PNU1.
Pathogen # for specified	Up to three pathogens may be reported. If multiple pathogens are
Gram-positive Organisms,	identified, enter the pathogen judged to be the most important cause of
Gram-negative Organisms,	infection as #1, the next most as #2, and the least as #3 (usually this order
Fungal Organisms, or	will be indicated on the laboratory report). If secondary BSI pathogens are
Other Organisms	entered, they should be entered only after site-specific pathogens are
	entered. If the species is not given on the lab report or is not found on the
	NHSN organism list, then select the genus (for example, <i>Bacillus natto</i> is
	not on the list so would be reported as <i>Bacillus</i> ).
Antimicrobial agent and	Conditionally required if Pathogen Identified = Y.
susceptibility results	For those organisms shown on the back of an event form,
	susceptibility results are required only for the agents listed.
	<ul> <li>For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional.</li> </ul>
	the entry of susceptibility results is optional.



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	Circle 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 any information on the event.

