

Surveillance date	mm / ___ / ___	yyyy
Facility name : -----	Code -----	

### Pneumonia (PNEU) form

Patient information			
Patient ID:	File Number:		
Patient Name:	Nationality: <input type="checkbox"/> K <input type="checkbox"/> NK		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: ___/___/___ (dd/mm/yyyy)		
Date Admitted to Facility: ___/___/___ (dd/mm/yyyy)	Location : _____		Location code: _____
Event Type: <b>PNEU</b>	Date of Event : ___/___/___ (dd/mm/yyyy)		
Post-procedure PNEU: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Procedure : ___/___/___ (dd/mm/yyyy)		
Procedure Name:	NHSN Procedure Category Name:	KNHSS Procedure Category 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 not in-plan for Infection Surveillance in the MDRO/CDI Module			
Risk Factors			
Is ventilator a risk factor (VAP): <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Device Insertion: _____		
NICU patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Code of Device Insertion: _____		
If yes, birth weight: <input type="checkbox"/> ≤750 gms <input type="checkbox"/> 751-1000 gms <input type="checkbox"/> 1001-1500 gms <input type="checkbox"/> >2500 gms	Date of Device Insertion : ___/___/___	Date of Extubation: ___/___/___	
	Date of Reintubation : ___/___/___	Date of Extubation: ___/___/___	
	Date of Reintubation : ___/___/___	Date of Extubation: ___/___/___	
Event Details			
Specific Event: <input type="checkbox"/> PNU1 <input type="checkbox"/> PNU2 <input type="checkbox"/> PNU3			
Immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify Criteria Used: (check all that apply)			
<u>Imaging test result</u>			
New or progressive and persistent <input type="checkbox"/> infiltrate <input type="checkbox"/> Consolidation <input type="checkbox"/> Cavitation <input type="checkbox"/> Pneumatoceles (in ≤1 y.o)			
<u>Signs &amp; Symptoms</u>			
<input type="checkbox"/> Fever (>38°C)	<input type="checkbox"/> Organism identified from blood	<input type="checkbox"/> Positive non-culture diagnostic test of respiratory secretions or tissue for virus, <i>Bordetella</i> , <i>Chlamydia</i> , <i>Mycoplasma</i> , <i>Legionella</i>	
<input type="checkbox"/> Leukopenia or leukocytosis	<input type="checkbox"/> Organism identified from pleural fluid	<input type="checkbox"/> 4-fold rise in paired sera for pathogen	
<input type="checkbox"/> Altered mental status (in ≥70 y.o)	<input type="checkbox"/> Positive minimally contaminated LRT specimen quantitative or semi quantitative culture (BAL, protected specimen brushing or ET aspirate from ETT or Tracheostomy)	<input type="checkbox"/> 4-fold rise in <i>L pneumophila</i> serogroup 1 antibody titer	
<input type="checkbox"/> New onset purulent sputum/change in sputum/↑ resp. secretions/↑ suctioning	<input type="checkbox"/> ≥5% BAL cells w/intracellular bacteria on direct microscopic exam	<input type="checkbox"/> <i>L. pneumophila</i> serogroup 1 antigens in urine	
<input type="checkbox"/> New onset/worsening cough, dyspnea, tachypnea	<input type="checkbox"/> Positive quantitative or semi quantitative culture of lung tissue	<input type="checkbox"/> Identification of matching <i>Candida</i> spp from blood & sputum, ETT, BAL or protected specimen brushing	
<input type="checkbox"/> Rales or bronchial breath sounds	<input type="checkbox"/> Histopathologic exam w/ abscess formation or lung parenchyma invasion by fungal hyphae or pseudohyphae	<input type="checkbox"/> Evidence of Fungi from minimally contaminated LRT specimen (e.g. BAL, protected specimen brushing or ETT)	
<input type="checkbox"/> Worsening gas exchange/↑ O2 req./↑ ventilation demand	<input type="checkbox"/> Positive culture of virus, <i>Bordetella</i> , <i>Legionella</i> or <i>Chlamydia</i> from respiratory secretions or tissue		
<input type="checkbox"/> Hemoptysis (immunocompromised)	Pathogens Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Pleuritic chest pain (immunocompromised)	If yes, number of pathogen(s): _____		
<input type="checkbox"/> Temperature instability (in infants ≤1 y.o)	Pathogen(s) code(s): _____		
<input type="checkbox"/> Apnea, tachypnea, nasal flaring with retraction of chest wall or grunting (in infants ≤1 y.o)	MDRO <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Wheezing, rales or rhonchi (in infants ≤1 y.o)	MDRO pathogen(s) code(s) _____		
<input type="checkbox"/> Cough (in infants ≤1 y.o)	MDRO 1 <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp		
<input type="checkbox"/> Bradycardia (<100 beats/min) or tachycardia (>170 beats/min) (in infants ≤1 y.o)	MDRO 2 <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp		
<input type="checkbox"/> Hypothermia (for child >1 y.o or ≤12 y.o)	MDRO 3 <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> CRE <input type="checkbox"/> MDR-PA <input type="checkbox"/> C-NS-PA <input type="checkbox"/> MDR-A.spp <input type="checkbox"/> C-NS-A.spp		
Secondary BSI: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Died during current hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	If died; PNEU Contributed to Death: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Discharge/Death date ___/___/___ (dd/mm/yyyy)			
Doctor's Signature -----	Nurse's Signature-----		