

Laboratory-identified MDRO or CDI Event for LTCF

*required for saving Facility ID:		Event #:	
*Resident ID:		Social Security #:	
*Medicare number (or comparable railroad insurance number):			
Resident Name, Last:		First:	Middle:
*Gender: M F		*Date of Birth:	
*Resident type: Short-stay (<90 days)		Long-stay (>90 days)	
Ethnicity (Specify):		Race (Specify):	

Event Details

*Event Type: LabID		*Date Specimen Collected:	
*Specific Organism Type: (Check one)			
<input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> MDR- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i> <i>C. difficile</i>			
*Specimen Body Site/System:		*Specimen Source:	
*Date Admitted to Facility:	*Resident Care Location:	*Date Admitted to Care Location:	
*Has resident been transferred to an acute care facility in the past 3 months? Yes No			

If Yes, date of last transfer from acute care to your facility:

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility? Yes No

Risk Factors (Check all that apply)

- | | |
|---|--|
| Diabetes Mellitus | History of Stroke |
| Malignancy | Antibiotic Usage with last 2 weeks |
| History Congestive Heart Failure | Proton Pump Inhibitors/H2 blockers within last month |
| History Immunosuppression/Transplantation | Gastro-intestinal surgery in last month |
| History Chronic Kidney Disease | Repeated enemas |
| History Chronic Obstructive Pulmonary Disease | G-tube/J-tube present >1 month |

Comments