Reset Form

CANDIDA AURIS REPORTING

State Form 57822 (6-25)
INDIANA DEPARTMENT OF HEALTH

Indiana Department of Health

INSTRUCTIONS: *Please submit one report per patient per case within one working day receiving lab result. Attach laboratory results, recent History and Physical and Infectious Disease Consult. If faxing, include Confidential Report of Communicable disease form and send to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.*

Reporting Facility: _____ Reporter's Name: _____

Address: _____ Reporter's Phone Number: _____

Patient Information

Patient name:	**NBS ID:**
DOB:	**Phone:**
Address:	**County:**
Did the patient die? ☐ Yes ☐ No	**Date of death:**

Laboratory Information

Organism:	**Collection date:**
Specimen site:	☐ Clinical culture ☐ Colonization culture

Clinical information

Admission date: __ /___ / _____ **Facility admitted from**: _____ ☐ Transfer form used upon admission **Admitted to ICU during stay? ☐ Yes ☐ No**		**Discharge date:** __ /___ / _____ **Facility discharged to**: _____ ☐ Transfer form used upon discharge	
Contact or EBP start date: __ /___ / _____ Were EPA List P cleaning products used? ☐ Yes ☐ No		**Roommates**: ☐ Yes ☐ No Dates:	
History of MDRO: ☐ MRSA ☐ VRE ☐ CPO ☐ CRE ☐ VRSA ☐ ESBL ☐ Drug-resistant PA ☐ Drug-resistant AB ☐ Other: ☐ None	**Invasive devices:** ☐ Central or PICC line ☐ G and/or J Tube ☐ Hemodialysis Port ☐ Mechanical Ventilator ☐ PEG Tube ☐ Urinary Catheter ☐ Wound Vac ☐ Tracheostomy ☐ Other: ☐ None	**Conditions:** ☐ Renal disease ☐ Diabetes mellitus ☐ Emphysema/COPD ☐ Heart failure/CHF ☐ Respiratory failure ☐ Peri/Hemi/Quadriplegia ☐ Obesity (BMI ≥ 30)	☐ Wound/Ulcer/Abscess ☐ Chronic/Recurring UTI ☐ Cancer/Malignancy ☐ CVA/TBI ☐ Other: ☐ None
Hospitalized or LTC in the last 3 months? ☐ Yes ☐ No Facility name:	**Resident of a long-term care facility?** ☐ Yes ☐ No Facility name:	**Antimicrobial use 30 days prior to diagnosis:** Antimicrobial: Start date: Stop date:	**Treatment after diagnosis:** Antifungal: Start date: Stop date:
Invasive Medical Procedures in the past 6 months:		**Out of state/country travel in past 12 months?** ☐ Yes ☐ No Where: Dates:	

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We recommend placing the patient in contact or enhanced barrier contact precautions (if applicable). We recommend the use of an approved cleaning product from EPA List P. We recommend flagging the patient chart in case the patient is readmitted to limit transmission. We recommend communicating with transferring facilities about patient's MDRO status or need for transmission-based precautions. If you have concerns about transmission to other patients, please contact us for available screening options. If you would like additional resources, please visit the HAI/AR Website.