

Case Investigation - Staphylococcus aureus (VRSA), invasive disease

Section 1: Demographics

First:

Middle:

Last:

Suffix:

Healthcare Worker:

Maiden Name:

Mothers' Maiden:

Address:

City:

State: [Loading states...]

Zip:

County: Please select a county

Telephone Number:

Date of Birth: Unknown

or

Age: Years

Multiple Birth:

Gender:

Race(s): American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Other/Multiracial

Unknown

White

Ethnicity:

Physician's Name:

Phone Number:

Fax Number:

Street Address:

City:

State: [Loading states...]

Zip:

Occupation:

Employer Name:

Phone Number:

Street Address:

City:

State:

County:

Zip:

Section 2: Clinical

- Underlying medical conditions:**
- Alcohol abuse
 - Current smoker
 - Diabetes mellitus
 - Emphysema/COPD
 - Heart Failure/CHF
 - HIV/AIDS
 - Immunosuppressive therapy
 - IVDU
 - Liver disease
 - Malignancy-hematologic
 - Malignancy-solid organ
 - Unknown
 - Other condition

Specify:

Date of onset:

Duration of symptoms in days: Days

Did the patient seek treatment at an emergency room?

Yes No Unknown

Date:

Was the patient hospitalized?

Yes No Unknown

Admission Date:

Discharge Date:

Patient's Chart Number/Medical Record Number:

Facility Type:

Facility:

Address:
Phone:

Has patient recieved vancomycin in the past year?

Yes No Unknown

Date:

Has patient had dialysis in the past year?

Yes No Unknown

Did patient die?

Yes No Unknown

Date: **Section 3: Lab Data**1. Source(s) of Specimen(s):

2. Physician/Hospital that collected the specimen:

Facility Type:

Facility:

Address:

Phone:

3. Does patient have prior history of MRSA?

 Yes No UnknownCulture Site: Date of most recent culture:

4. Does patient have prior history of VRE?

 Yes No UnknownCulture Site: Date of most recent culture: 5. Did the *S. aureus* isolate have intermediate or full resistance to vancomycin? Intermediate Resistant Unknown

6. Were any other bacteria isolated in the culture?

 Yes No UnknownSpecify: 7. What was the vancomycin MIC?

8. Was the MIC result repeated?

 Yes No Unknown

9. Was there more than one organism on the purity plate?

 Yes No Unknown**Section 4: Comments**

Comments:

Interviewee:	<input type="text" value="Please Select"/>
Specify:	<input type="text"/>
Interviewee's	<input type="text"/>
Name:	
Submitted	<input type="text"/>
by Agency:	
Investigator:	<input type="text"/>
	Address:
	Phone: