

CRE Surveillance Worksheet

Name (Last, First)				Hospital Record No.																								
Address (Street and No.)		City	Zip	Phone																								
Recording Physician/ Hospital/ Clinic/ Lab			Facility City	Facility Phone																								
Birth Date (MM/DD/YYYY)	Sex <small>M = Male F = Female</small>	Admit Date (MM/DD/YYYY)	Specimen Collection Date (MM/DD/YYYY)	Date reported to Health Department (MM/DD/YYYY)																								
Inpatient Status at time of specimen collection <small>Indicate "Inpatient" or "Outpatient"</small>	Facility location of specimen collection	Specimen source:	Is the patient on a device? <input type="checkbox"/> Ventilator <input type="checkbox"/> Central line <input type="checkbox"/> Urinary catheter																									
<ul style="list-style-type: none"> • Has the patient been discharged from this facility in the last 3 months? • Were the positive cultures collected on the patient within 2 days of admission? • Is there evidence of intra-facility transmission? • Does the patient have history of CRE infection? • Does the facility have a lab notification system? • Has the patient been cohorted with other CRE patients? 				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Unknown</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Unknown	<input type="checkbox"/>																			
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Specific organism type: <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> Other: _____		Select resistant antibiotics: <input type="checkbox"/> Imipenem <input type="checkbox"/> Meropenem <input type="checkbox"/> Ertapenem <input type="checkbox"/> Doripenem <input type="checkbox"/> Panipenem <input type="checkbox"/> Biapenem																										
Comments:																												
Recommendations for reporting providers: <ul style="list-style-type: none"> • Hand hygiene compliance • Contact precautions (gowns, gloves, cohorting patients) • Bathe CRE patient in 2% chlorhexidine • Antibiotic stewardship program implementation 																												