55791

National Pilot Study of Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CRE) in ICU
Enhanced Surveillance Form, v1.5 (June 2011)

Please complete as fully and legibly as possible

CONTACT DETAILS IN CASE FURTHER DISCUSSIONS OF THIS CASE ARE REQUIRED:

Name:

Telephone Number: **Email:**

Section 1: Demographic information:

Hospital code: **Patient ID (MRN or Chart No.):** **Sex:** M F Unk

Age: **If <1 year, please state if age in days (D) or months (M):** D M

Date of hospital admission: / / 20 **Date of ICU admission:** / / 20

Admitted to this healthcare facility (HCF) from:

Home Other Hospital Long-term care facility Nursing Home Other

Section 2: Clinical Information:

At the time of CRE detection was the patient already colonised or infected with another HCAI pathogen?

Yes No

If YES, please indicate organism(s):

MRSA

VRE

ESBL-producing Enterobacteriaceae

Other / multi-drug resistant organism → Please state:

Was this patient transferred to this HCF from a hospital abroad? Yes No

If YES to hospitalisation abroad, please state country:

Did the patient travel abroad in the 12 months prior to hospitalisation? Yes No Unk

If YES to travel abroad, please state country/ies:

If YES to travel abroad, please state reason(s) for travel:

Holiday Visiting friends and relatives

Work Other → Please state:

Medical Unk

Risk Factors for CRE:

Hospitalisation in last 12 months

ICU admission in last 12 months

Surgery in last 6 months

Immunocompromised

Diabetes mellitus

End-stage renal disease or renal replacement therapy

Chronic lung disease

Chronic liver disease

Recurrent urological problems

None of the above

Unk

Isolation of CRE from this patient represents: Infection **or** Colonisation

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Patient ID (MRN or Chart No.):

Please repeat Patient ID above to allow adequate form matching

If YES to infection, the likely source is:

- ☐ Bacteraemia without obvious focus
- ☐ Central nervous system
- ☐ Respiratory tract
- ☐ Urinary tract
- ☐ Intra-abdominal
- ☐ Genital tract
- ☐ Skin / soft tissue
- ☐ Surgical wound
- ☐ Infection of prosthetic material
- ☐ Other → Please state:

Outcome:

- ☐ Survived and remains an inpatient in ICU
- ☐ Survived and discharged from ICU → Date of discharge: ☐☐ / ☐☐ / 20☐☐
- ☐ Died → Date of death: ☐☐ / ☐☐ / 20☐☐

SECTION 3: ANTIMICROBIAL INFORMATION

Antimicrobials administered during this admission PRIOR to CRE isolation:

- ☐ Beta-Lactam + beta-lactamase inhibitor
- ☐ Cephalosporin
- ☐ Meropenem
- ☐ Ertapenem
- ☐ Aztreonam
- ☐ Fluoroquinolone
- ☐ Gentamicin
- ☐ Tobramycin
- ☐ Amikacin
- ☐ Tigecycline
- ☐ Colistin
- ☐ Chloramphenicol
- ☐ Co-trimoxazole

If this represents CRE infection, please state the agents used to treat this infection:

	Number of days given:
☐ Meropenem	☐☐ days
☐ Ertapenem	☐☐ days
☐ Aztreonam	☐☐ days
☐ Fluoroquinolone	☐☐ days
☐ Gentamicin	☐☐ days
☐ Tobramycin	☐☐ days
☐ Amikacin	☐☐ days
☐ Tigecycline	☐☐ days
☐ Colistin	☐☐ days
☐ Chloramphenicol	☐☐ days
☐ Co-trimoxazole	☐☐ days

Did initial choice of empiric antimicrobial therapy cover the CRE isolated? ☐ Yes ☐ No

If NO, how many days elapsed between date of culture and date of initiation of appropriate antimicrobial therapy?

☐☐ days

SECTION 4: OTHER RELEVANT CLINICAL INFORMATION:

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LABORATORY CONTACT DETAILS IN CASE FURTHER DISCUSSIONS OF THIS ISOLATE ARE REQUIRED:

Name:

Telephone Number: **Email:**

SECTION 5: LABORATORY INFORMATION:

Laboratory code: **Hospital code:** **Patient ID (MRN or Chart No.):**

Date of birth: / / **Sex:** M F Unk

Specimen number: **Specimen date:** / / 20

Specimen Type:

Rectal screen | Other sterile site → Please state: | Blood | Other non-sterile site → Please state: | CSF

Organism: *E. coli* *K. pneumoniae* *Other - please state:*

Antimicrobial susceptibility testing (AST) method used: EUCAST CLSI BSAC

AST results:

Meropenem	R	I	S	Meropenem MIC, if I/R:	mg/L			
Imipenem	R	I	S	Imipenem MIC, if I/R:	mg/L			
Ertapenem	R	I	S	Ertapenem MIC, if I/R:	mg/L			
3rd-Generation Cephalosporin	R	I	S	**Fluoroquinolone**	R	I	S	
Aztreonam	R	I	S	**Tigecycline**	R	I	S	
Gentamicin	R	I	S	**Colistin**	R	I	S	
Tobramycin	R	I	S	**Chloramphenicol**	R	I	S	
Amikacin	R	I	S	**Co-trimoxazole**	R	I	S	

Is this case part of a suspected outbreak? Yes No

Was this isolate referred to the Reference Laboratory (NUI Galway) for confirmation of the CRE? Yes No

The case classification of this carbapenemase-producing CRE is: Confirmed Probable

If CONFIRMED, please state resistance gene: VIM IMP KPC OXA NDM Other → Please state:

SECTION 6: OTHER RELEVANT LABORATORY INFORMATION:

Please return the ORIGINAL form to HPSC, 25-27 Middle Gardiner Street, Dublin 1 and a COPY to your local Dept of Public Health