Case Investigation - Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE)

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: [Loading states...]
County: Please select a county
Zip:

Section 2: Clinical

Infection resulted in hospitalization?

☐ Yes ☐ No ☐ Unknown
Admission Date:
Discharge Date:

Patient's Chart Number/Medical Record Number:

Facility Type:

Facility:

Address:

Phone:

Location:

Specify:

Single room setting?

☐ Yes ☐ No ☐ Unknown

Start Date of Contact Precautions:

Date of illness onset:

Invasive medical procedures within the past 6 months?:

☐ Yes ☐ No ☐ Unknown

Type:	Location:	Date:

Invasive device(s) at the time of specimen collection:

☐ Central Venous Line

☐ Urinary Catheter

☐ Endoscope

Specify:

☐ Mechanical Ventilator

☐ Wound V.A.C.

☐ None

☐ Unknown

☐ Other

Specify:

Preexisting condition(s) at the time of specimen collection:

☐ Chronic renal insufficiency

☐ Diabetes mellitus

☐ Emphysema/COPD

☐ Heart Failure/CHF

☐ Malignancy-hematologic

☐ Malignancy-solid organ

☐ Para/Hemi/Quadri-plegia

☐ None

☐ Unknown

☐ Other

Specify:

Antibiotic use within the past 6 months?:

☐ Yes ☐ No ☐ Unknown

Type:	Start Date:	End Date:

Section 3: Diagnostic Tests

Specimen sent to ISDH for confirmation?

☐ Yes ☐ No ☐ Unknown

Enter all antibiotics tested and the results.This information determines the case definition of CP-CRE.

Note: Minimal Inhibitory Concentration (MIC)

Was the specimen and susceptibility information provided for CRE:

☐ Yes ☐ No ☐ Unknown

Specimen Date:	Specimen Type:	Specimen Source:	Organism:	Resistance Mechanism:

Antibiotic:	MIC:	Susceptibility Result:

Specimen Date:	Specimen Type:	Specimen Source:	Organism:	Resistance Mechanism:

Antibiotic:	MIC:	Susceptibility Result:

Specimen Date:	Specimen Type:	Specimen Source:	Organism:	Resistance Mechanism:

Antibiotic:	MIC:	Susceptibility Result:

Section 4: Epidemiologic Information

1. Was the specimen obtained?

☐ Yes ☐ No ☐ Unknown

Facility Name:	Facility Address:	Contact Name:	Contact Phone:

2. Was the patient hospitalized within the past 3 months in Acute Care Facility?

☐ Yes ☐ No ☐ Unknown

Facility Name:	Facility Address:	Contact Name:	Contact Phone:

3. Was the patient hospitalized within the past 3 months in Long Term Acute Care Facility?

☐ Yes ☐ No ☐ Unknown

Facility Name:	Facility Address:	Contact Name:	Contact Phone:

4. Was the patient resident in a Long Term Care Facility (e.g. nursing home)?

☐ Yes ☐ No ☐ Unknown

Facility Name:	Facility Address:	Contact Name:	Contact Phone:

5. Travel outside of the United States?

☐ Yes ☐ No ☐ Unknown

Location:	Departure:	Return:

6. Did the patient receive medical treatment or hospitalization outside the US in the past 6 months?

☐ Yes ☐ No ☐ Unknown

Location:	Reason or procedure:

7. Past medical history of CRE infection or colonization?

☐ Yes ☐ No ☐ Unknown

Date:

8. Current admitted patient transferred from:

- ☐ Long Term Care Facility/Skilled Nursing Facility
- ☐ Long Term Acute Care Facility
- ☐ Acute Care Facility
- ☐ Rehabilitation Facility
- ☐ Home
- ☐ Other

Specify:

Current admitted patient transferred to:

- ☐ Long Term Care Facility/Skilled Nursing Facility
- ☐ Long Term Acute Care Facility
- ☐ Acute Care Facility
- ☐ Rehabilitation Facility
- ☐ Home
- ☐ Other

Specify:

9. History of multidrug-resistant organism (MDRO) infection or colonization within the past 3 months:

- ☐ MRSA
- ☐ VRSA
- ☐ VRE
- ☐ None(MDRO)
- ☐ Unknown(MDRO)
- ☐ Other(MDRO)

Specify:

Section 5: Comments

Comments:

Interviewee: Please Select

Specify:

Interviewee's Name:	
Submitted by Agency:	
Investigator:	
Address:	
Phone:	