

Carbapenem-Resistant Organisms (CRO) and Carbapenemase-Producing Organisms (CPO)

PATIENT DEMOGRAPHICS

Name (last, first): _____		Birth date: __/__/____ Age: _____
Address: _____ Homeless: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
City/State/Zip: _____		Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk
Phone (home): _____	Phone (work): _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Am. Ind/AK Native <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Asian <input type="checkbox"/> Unk
Occupation/grade: _____ Employer/School: _____		
Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Name: _____ Phone: _____		

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____	Entered in WVEDSS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Investigation Start Date: __/__/____	Case Classification:
Earliest date reported to LHD: __/__/____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown
Earliest date reported to OEPS: __/__/____	
Is this the first time the patient has been diagnosed with CRO/CPO? If 'no', when was the initial date of diagnosis? __/__/____	

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: <input type="checkbox"/> Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> HCP <input type="checkbox"/> Public Health Agency <input type="checkbox"/> Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Phone Number: _____

LABORATORY *Attach laboratory confirmation. *

Organism: _____	Collection date: __/__/____
Culture type: <input type="checkbox"/> Surveillance <input type="checkbox"/> Clinical Specimen Source: _____	
Carbapenem Interpretations:	Detection of carbapenemase production by a recognized test (e.g. positive modified Hodge test (MHT), PCR, etc.)?
S I R Not tested	Y <input type="checkbox"/> N <input type="checkbox"/> Not tested <input type="checkbox"/>
Ertapenem: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If 'yes', please select the carbapenemase gene detected:
Meropenem: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> KPC <input type="checkbox"/> NDM <input type="checkbox"/> VIM <input type="checkbox"/> IMP <input type="checkbox"/> OXA-like
Imipenem: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Doripenem: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

EPIDEMIOLOGIC

Y N U	Was the patient hospitalized at the time of specimen collection?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If 'yes': Hospital Name: _____ Date of Admission: __/__/____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	To which type of unit was the patient admitted (i.e., ICU, burn unit, oncology, dialysis, medical, surgical, or other)?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of Unit: _____ Room#: _____ Date of Discharge: __/__/____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does patient reside in (or will be discharged to) a nursing home or other long-term care facility?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If 'yes': LTCF Name: _____ LTCF Address: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Has the patient utilized home health services in the last six months?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If 'yes': Agency Name: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did patient die? If 'yes', date of death: __/__/____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did patient visit any other healthcare facilities in the six months before their diagnosis (physician offices, dialysis clinics, etc)?

Facility Name and Address	Admission/ Move Date	Unit	Room #	Transmission- Based Precautions			Roommate			Shared Bathroom			Discharge/ Move Date
				Y	N	U	Y	N	U	Y	N	U	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PUBLIC HEALTH ISSUES				PUBLIC HEALTH ACTIONS			
Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epi-linked to another confirmed case of <i>CRO/CPO</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case is part of an outbreak <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CRO initial assessment conducted with Healthcare Facility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient and/or family interviewed and given education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outpatient healthcare provider given education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient is lost to follow-up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:						
EXPOSURE							
Y N U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any indwelling device in place at any time in the two calendar days prior to initial culture? If YES, check all that apply: <div style="display: flex; flex-wrap: wrap; padding-left: 20px;"> <div style="width: 33%;"><input type="checkbox"/> Peripheral IV</div> <div style="width: 33%;"><input type="checkbox"/> Central venous catheter</div> <div style="width: 33%;"><input type="checkbox"/> Dialysis catheter</div> <div style="width: 33%;"><input type="checkbox"/> Urinary catheter</div> <div style="width: 33%;"><input type="checkbox"/> ET/NT tube</div> <div style="width: 33%;"><input type="checkbox"/> Gastrostomy tube</div> <div style="width: 33%;"><input type="checkbox"/> NG tube</div> <div style="width: 33%;"><input type="checkbox"/> Tracheostomy</div> <div style="width: 33%;"><input type="checkbox"/> Nephrostomy tube</div> <div style="width: 33%;"><input type="checkbox"/> Surgical drain</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was the patient prescribed antibiotics or antifungals more than two times in six months?							
Notes							
Recommendations							

- We recommend placing the patient in transmission-based precautions. (Contact or Enhanced Barrier) <https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html>
- We recommend flagging the patient chart to limit transmission.
- We recommend utilizing a transfer form if patient is transferred. [https://oeeps.wv.gov/hai/Documents/LHD/\(OEPS-24-10\)-WV-Inter-facility-Infection-Control-Form APPROVED.pdf](https://oeeps.wv.gov/hai/Documents/LHD/(OEPS-24-10)-WV-Inter-facility-Infection-Control-Form%20APPROVED.pdf)
- If the patient had a roommate, we have a concern of transmission. Screening may be recommended.
- If you would like additional resources, please visit the OEPS Carbapenem-Resistant Organisms Website <https://oeeps.wv.gov/cre/pages/default.aspx>