Carbapenem-resistant Enterobacteriaceae (CRE) Report Form

Date of Report: / /	Reporting Facility:
Phone:	Person Preparing Report:

Bacteria Identified

Organism (Genus and Species):

Patient Information

Patient Name (Last, First): DOB: / /

Sex: ☐ Male ☐ Female | Is patient deceased? ☐ Yes ☐ No | Date of Death: / / | Died from this illness? ☐ Yes ☐ No ☐ Unk

Address (Street): | City: | State: | Zip:

Usual Housing: ☐ Homeless ☐ Prison/Jail ☐ Foster Home ☐ Hospital ☐ Assisted Living ☐ Nursing Home ☐ Other:

Phone Number (Home): | Phone Number (Cell): | Next of Kin Name:

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown | Next of Kin Number:

Race: ☐ Asian ☐ American Indian / Alaskan Native ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander ☐ White ☐ Unknown

Laboratory Data

Admission Date: / / | Collection Date: / / | Initial Culture Site: | Testing Facility:

Were the positive cultures collected within 2 days of admission? ☐ Yes ☐ No ☐ Unknown

Antibiotic Resistance to: ☐ Imipenem ☐ Meropenem ☐ Ertapenem ☐ Doripenem

Any Carbapenemase Testing Performed: ☐ Yes ☐ No ☐ Unknown

If Yes, Test Performed: ☐ MHT ☐ E-test ☐ KPC ☐ NDM ☐ VIM ☐ IMP ☐ OXA-48 ☐ Carba-NP ☐ Other:___________________

Which, if any, were positive: ☐ MHT ☐ E-test ☐ KPC ☐ NDM ☐ VIM ☐ IMP ☐ OXA-48 ☐ Carba-NP ☐ Other:___________________

Which, if any, were negative: ☐ MHT ☐ E-test ☐ KPC ☐ NDM ☐ VIM ☐ IMP ☐ OXA-48 ☐ Carba-NP ☐ Other:___________________

Which, if any, were inconclusive: ☐ MHT ☐ E-test ☐ KPC ☐ NDM ☐ VIM ☐ IMP ☐ OXA-48 ☐ Carba-NP ☐ Other:___________________

Epi-Linkage

During the 6 weeks prior to onset was the patient:

Associated with a known outbreak: ☐ Yes ☐ No ☐ Unknown

In close contact with a confirmed or presumptive case: ☐ Yes ☐ No ☐ Unknown

If yes, confirmed or presumptive case's name:

Please fax this form with a copy of relevant medical records and lab reports to 505-827-0013

Additional Information

Is this patient on a device? ☐ Yes ☐ No ☐ Unknown | If yes, which device? ☐ Ventilator ☐ Central Line ☐ Urinary Catheter ☐ Tracheotomy

Does this patient have a history of CRE infection or colonization? ☐ Yes ☐ No ☐ Unknown

Is this patient isolated or cohorted with other CRE patients? ☐ Yes ☐ No ☐ Unknown | Is this patient under contact precautions? ☐ Yes ☐ No ☐ Unknown

Was this patient transferred FROM another healthcare facility? ☐ Yes ☐ No ☐ Unknown | If yes, which facility?

Was your facility notified of patient's CRE status at time of transfer? ☐ Yes ☐ No ☐ Unknown

Was this patient transferred TO another healthcare facility? ☐ Yes ☐ No ☐ Unknown | If yes, which facility?

Did you notify receiving healthcare facility as well as transport organization of patient's CRE status? ☐ Yes ☐ No ☐ Unknown

If yes, whom did you contact?

If yes, how did you notify them?

Comments

Fax report to: Infectious Disease Epidemiology Bureau, Attn: Surveillance Team, Fax: (505) 827-0013, Phone: (505) 827-0006

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