**EPID 250 MDRO Form Instructions**

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| Data field | Definition | Instructions for data collection |
| Demographic Data | | |
| Record number | The KDPH assigned record number for data entry | KDPH use only. Leave blank. |
| Patient name | Patient name | Enter the last, first and middle initial of the patient. |
| Date of birth | Patient date of birth | Record the date of birth of the patient using this format: mm/dd/yyyy. |
| Age | Age of patient | Enter patient age in years. If less than 1 year old enter ‘0’. |
| Gender | Gender of patient | Check male, female or unknown to indicate gender of the patient. |
| City | Patient city of residence | Enter patient city of residence. |
| State | Patient state of residence | Enter patient state of residence. |
| Zip | Patient zip code | Enter patient home zip code. |
| County of residence | Patient county of residence | Enter patient county of residence. |
| Phone number | Patient phone number | Enter patient telephone number. |
| Patient ID number | Medical record number | Enter the alphanumeric patient ID number. |
| Ethnic origin | Patient ethnicity | Specify if the patient is Hispanic or non-Hispanic. |
| Race | Patient race | Specify if the patient is white, black, Asian/Pacific Islander, American Indian or other. |
| Disease Information | | |
| Organism name | Pathogens identified | Spell out organism(s) name e.g., *Staphylococcus aureus.* |
| Date of onset | Date of onset of symptoms | If applicable, record the date of symptom onset using this format: mm/dd/yyyy. |
| Date of diagnosis | Date of MDRO diagnosis | Record the date of positive lab result using this format: mm/dd/yyyy. |
| MDRO type | Multidrug resistant organism type | Check the MDRO type that corresponds to the organisms in the table below:   |  |  | | --- | --- | | **MDRO type** | **Organism name** | | CRE-*E. coli* | Carbapenem-resistant *Enterobacteriaceae* (CRE) *Escherichia coli* | | CRE-*Klebsiella* | CRE *Klebsiella species* | | CRE-Other | Any CRE other than *Escherichia coli* or *Klebsiella species* | | ESBL | Any *Enterobacteriaceae* identified as producing extended-spectrum beta-lactamase (ESBL) | | MDR-Acinetobacter | Multidrug-resistant *Acinetobacter species* | | MRSA | Methicillin-resistant *Staphylococcus aureus* | | VRE | Vancomycin-resistant *Enterococcus species* | | Other | *Clostridium difficile* or multidrug-resistant *Pseudomonas aeruginosa* | |
| Hospitalized | Hospitalization status of patient | Select ‘Yes’ if patient was hospitalized at time of specimen collection, otherwise select ‘No’. |
| Hospital name | Facility to which patient is admitted/hospitalized | Enter the location to which the patient was admitted at time of specimen collection. |
| Admission date | Date that the patient was admitted to the facility | Enter date patient was admitted using this format: mm/dd/yyyy. |
| Discharge date | Date that the patient was discharged | If applicable, enter date patient was discharged using this format: mm/dd/yyyy. |
| Admitted from | Location from which patient was admitted | Select ‘Home’, ‘LTC Facility’, ‘Other HC Facility’ or ‘Other’ to indicate type of facility. |
| Specify name | Name of facility from which patient was admitted | If applicable, enter the name of facility from which the patient was admitted. |
| Agency completing form | Agency completing the EPID 250 form | Enter name, agency type (e.g., facility IP, local HD, regional epidemiologist), address and phone number of agency completing form. |
| Date of report | Date report is completed | Enter date of report using this format mm/dd/yyyy. |
| Person completing form | Person completing the EPID 250 form | Enter name of person completing form. |
| Attending physician | Physician that ordered the test | Enter the name, address and phone number of the ordering physician. |
| Laboratory Information | | |
| Date of test | Date specimen was collected | Enter date specimen was collected using the format mm/dd/yyyy. |
| Name or type of test | Name of lab test performed | Enter the name or type of test performed. |
| Name of laboratory | Name of laboratory | Enter name of laboratory performing test. |
| Specimen source | Source of the specimen | Enter the source of the specimen. |
| Results | Results of test | Enter brief description of lab test results. |
| Reason for culture | **Clinical:** Collected by specific order for clinical purpose  **Surveillance:** Collected as part of routine or targeted screening | Check ‘Clinical’ or ‘Surveillance’. |
| Patient infected or colonized | **Infected:** Clinical diagnosis consistent with culture results  **Colonized:** Microorganism(s) identified (on skin, on mucous membranes, in open wounds, or in excretions or secretions), but not causing clinical signs or symptoms | Check ‘Infected’ or ‘Colonized’. |
| Disposition Information | | |
| Status | Status of patient | Check ‘Expired’ if patient died during this hospitalization. |
| Discharged to | Location to which patient was discharged | Indicate whether patient was discharged to ‘Home’, ‘LTC Facility’, ‘Other HC Facility’ or ‘Other’. Specify name of facility. |
| Was the receiving facility notified of the patient’s MDRO status | Indicate if the receiving facility was notified of the patient’s MDRO status | Check ‘Yes’, ‘No’ or ‘Unknown’ to indicate if the receiving facility was notified of the patient’s MDRO status. |
| Identifying facility | Location of patient at time of specimen collection | Provide name, address, and phone number of **LOCATION AT TIME OF SPECIMEN COLLECTION**; indicate whether acute care hospital (ACH), critical access hospital (CAH), long-term acute care hospital (LTACH), other LTCF/SNF/nursing home (LTCF), ED/urgent care (ED), dialysis unit (DU), or other (OTHER; e.g., collected by home health) |
| Outbreak associated | Indicates if the MDRO identified is associated with an outbreak | Check ‘Yes’ or ‘No’. |
| Outbreak reference number | Outbreak reference number | KDPH use only. Leave blank. |

To avoid missing/incomplete data, please endeavor to complete all fields of the form as best as you can.