

**LRE CASE-CONTROL STUDY**

Medical Record # \_\_\_\_\_

**DEMOGRAPHICS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      Age \_\_\_\_\_      Gender 1=Male      Race 1=White      2=Black  
 2=Female      3=Other      7=Unknown

**INDEX HOSPITALIZATION INFORMATION**

Date of Admission (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      Date of Discharge (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Admitted from 1=Home      Discharged to 1=Home  
 2=Hospital (Specify \_\_\_\_\_)      2=Hospital (Specify \_\_\_\_\_)  
 3=Nursing Home (Specify \_\_\_\_\_)      3=Nursing Home (Specify \_\_\_\_\_)  
 4=Still in Hospital

Admit Diagnoses \_\_\_\_\_      Discharge Diagnoses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Outcome 1=Alive      2=Dead      7=Unknown      If Outcome=2, Cause of Death \_\_\_\_\_

Any Known Allergies \_\_\_\_\_      Acuity Score (upon 1st admission to ICU) \_\_\_\_\_

**Physical Locations During Index Hospitalization***(List specific ICU, Special Care or General Floor locations.)*

<u>Location</u>	<u>Date of Arrival</u> (MM/DD/YY)	<u>Date of Departure</u> (MM/DD/YY)	<u>Location</u>	<u>Date of Arrival</u> (MM/DD/YY)	<u>Date of Departure</u> (MM/DD/YY)
_____	___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___
_____	___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___
_____	___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___
_____	___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___
_____	___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___

**SPECIMEN INFORMATION***(Place information regarding index enterococcal culture during index hospitalization here.)*

Pathogen 1=*E. faecalis*      Resistance Vancomycin (VAN) 1=Yes 2=No 7=Unknown  
 2=*E. faecium*      Linezolid (LZD) 1=Yes 2=No 7=Unknown

Specimen Collection Date (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Specimen Source 1=Blood      2=Bone      3=CSF      4=Joint  
 5=Pericardial Fluid      6=Peritoneal Fluid      7=Pleural Fluid      8=Sputum  
 9=Surgical Aspirate      10=Surgical Specimen      11=Urine      12=Wound  
 13=Other Source \_\_\_\_\_

**SPECIMEN INFORMATION (continued)**

(For any additional enterococcal isolates, fill in blanks below using the codes found in previous section on page 1.)

<u>Pathogen</u>	<u>Resistance</u>		<u>Specimen Collection</u> <u>Date (MM/DD/YY)</u>	<u>Specimen</u> <u>Source</u>	<u>If Source=13,</u> <u>Specify</u>
	<u>VAN</u>	<u>LZD</u>			
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____

(For any additional staphylococcal isolates, fill in blanks below using the codes for pathogen found below.)

**Pathogen**      1=MRSA      2=MSSA  
                   3=MRSE      4=MSSE

<u>Pathogen</u>	<u>Resistance</u>		<u>Specimen Collection</u> <u>Date (MM/DD/YY)</u>	<u>Specimen</u> <u>Source</u>	<u>If Source=13,</u> <u>Specify</u>
	<u>VAN</u>	<u>LZD</u>			
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____
_____	_____	_____	___/___/___	_____	_____

**EXPOSURE INFORMATION**

**Physician Exposure during Index Hospitalization Prior To and Including \_\_\_ / \_\_\_ / \_\_\_ (Specimen Collection Date)**

(Include Only Intensive Care Unit or Infectious Disease Physicians)

<u>Physician's Name</u>	<u>Type of Care Provided</u> <u>(1=Consult, 2=Direct</u> <u>Care, 7=Unknown)</u>			<u>Physician's Name</u>	<u>Type of Care Provided</u> <u>(1=Consult, 2=Direct</u> <u>Care, 7=Unknown)</u>		
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7
_____	1	2	7	_____	1	2	7

**EXPOSURE INFORMATION (continued)**

**Exposure to Known Risk Factors during Index Hospitalization**

<b><u>Risk Factor</u></b>	<b><u>Location (if applicable)</u></b>	<b><u>Anytime During</u></b>			<b><u>Within 48 Hours</u></b>		
		<b><u>Index Hospitalization</u></b>			<b><u>Prior to Index Culture</u></b>		
		<b><u>1=Yes</u></b>	<b><u>2=No</u></b>	<b><u>7=Unk</u></b>	<b><u>1=Yes</u></b>	<b><u>2=No</u></b>	<b><u>7=Unk</u></b>
<i>Instrumentation</i>							
AV Fistula/Graft	_____	1	2	7	1	2	7
Arterial Line	_____	1	2	7	1	2	7
Balloon Pump	_____	1	2	7	1	2	7
Central Line	_____	1	2	7	1	2	7
Chest Tube	_____	1	2	7	1	2	7
Dialysis Catheter	_____	1	2	7	1	2	7
Foley Catheter	_____	1	2	7	1	2	7
Perma Catheter	_____	1	2	7	1	2	7
Picc Line	_____	1	2	7	1	2	7
Swan-Ganz Catheter	_____	1	2	7	1	2	7
Ventilator	_____	1	2	7	1	2	7
<i>Surgical Procedures</i>							
Intra-Abdominal	_____	1	2	7	1	2	7
Other Surgery	_____	1	2	7	1	2	7

**MEDICAL HISTORY INFORMATION**

**History of Immunocompromising Conditions**

<b><u>Condition</u></b>	<b><u>Type (if applicable)</u></b>	<b><u>1=Yes</u></b>	<b><u>2=No</u></b>	<b><u>7=Unk</u></b>
Blood Disorder	_____	1	2	7
Cancer (Significant)	_____	1	2	7
Chronic Renal Failure/End Stage Renal Disease	_____	1	2	7
Diabetes	_____	1	2	7
Dialysis	_____	1	2	7
HIV	_____	1	2	7
Pancreatitis	_____	1	2	7
Steroid Use (IV/PO: >10 mg)	_____	1	2	7
Transplant	_____	1	2	7

**History of Hospitalizations in the 12 Months Prior to Index Hospitalization and \_\_\_ / \_\_\_ / \_\_\_ (Specimen Collection Date)**

<b><u>Date of Admission</u></b> <b><u>(MM/DD/YY)</u></b>	<b><u>Date of Discharge</u></b> <b><u>(MM/DD/YY)</u></b>	<b><u>Which</u></b> <b><u>Hospital?</u></b>	<b><u>Date of Admission</u></b> <b><u>(MM/DD/YY)</u></b>	<b><u>Date of Discharge</u></b> <b><u>(MM/DD/YY)</u></b>	<b><u>Which</u></b> <b><u>Hospital?</u></b>
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	_____	___ / ___ / ___	___ / ___ / ___	_____



**ANTIBIOTIC EXPOSURE RECORD**

Antibiotic Exposure during Index Hospitalization and the 12 Months Prior to \_\_\_ / \_\_\_ / \_\_\_ (Specimen Collection Date)

<u>Drug Name</u>	<u>Date of Start</u> <u>(MM/DD/YY)</u>	<u>Date of Stop</u> <u>(MM/DD/YY)</u>	<u>Drug Name</u>	<u>Date of Start</u> <u>(MM/DD/YY)</u>	<u>Date of Stop</u> <u>(MM/DD/YY)</u>
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___
_____	___/___/___	___/___/___	_____	___/___/___	___/___/___

**FOR ADMINISTRATIVE USE ONLY: Initials \_\_\_\_\_ Date Abstraction Completed (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_**