

Patient
Patient ID:
Patient name:
Hospital-acquired Pneumonia
Infection date:
Device association: <input type="radio"/> No <input type="radio"/> INV-associated <input type="radio"/> NIV-associated
Organisms identified from respiratory tract (RT): <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested If you chose YES, please enter the organism(s): Organism 1: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> At least one of the following imaging findings (imaging technologies: X-ray, CT, MRI, ultrasound) shows new changes suggestive of pneumonia, such as infiltrate, shadowing, opacification, increased density, fluid in the intrapleural cavity or interlobar fissure
<input type="checkbox"/> New initiation of respiratory support or escalation of existing level of respiratory support for ≥ 2 days after at least 2 days of stability or improvement
Clinical and laboratory criteria: <input type="checkbox"/> New/more frequent bradycardia episodes (<80/min) or unexplained tachycardia (>200/min) <input type="checkbox"/> New or increased frequency of episodes of apnoea (> 20 s) or new or more frequent tachypnoea (>60/min). <input type="checkbox"/> Purulent tracheal aspirate <input type="checkbox"/> New or more frequent symptoms of respiratory distress (retraction, nasal flaring, grunting, chest indrawing) <input type="checkbox"/> Temperature instability or fever (>38 °C) or hypothermia (<36.5 °C) <input type="checkbox"/> Increased respiratory secretion (more frequent endotracheal suctioning required) <input type="checkbox"/> CRP > 10 mg/L (> 1 mg/dl) or increased levels of interleukin 6 (IL-6) or IL-8 <input type="checkbox"/> I/T - ratio > 0.2
Secondary BSI: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up If you chose YES, please enter organism(s) recovered from blood culture: Organism 1: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested

You can select only one option. You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly.
 For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeolPC - Core Module Protocol.