

## Appendix D – Addendum Form for Carbapenemase-Producing Organisms (CPO) Infections Identified in Acute Care Facility

**NB:** This form should be complete if a) the case was identified as a CPO infection; b) the case was initially reported as colonization, and subsequently developed into a CPO infection within a year from initial identification. Please ensure that the CPO surveillance form (**Appendix C**) has been completed for this case.

1	<b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____
2	<b>Patients' status</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Haemodialysis clinic patient <input type="checkbox"/> Other, please specify _____
3	<b>Date of admission or visit</b> (dd/mmm/yyyy) _____
4	<b>Name of the facility</b> _____
5	<b>Date of CPO infection identification</b> (dd/mmm/yyyy) _____
6	<b>Site(s) of infection</b> <input type="checkbox"/> Bloodstream <input type="checkbox"/> Urinary tract <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Wound <input type="checkbox"/> Surgical site <input type="checkbox"/> Other, please specify _____
7	<b>Organism(s) isolated</b> (Check all that apply) <input type="checkbox"/> <i>Acinetobacter</i> spp. <input type="checkbox"/> <i>Serratia</i> spp. <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Enterobacter</i> spp. <input type="checkbox"/> <i>Escherichia coli</i> <input type="checkbox"/> <i>Proteus</i> spp. <input type="checkbox"/> <i>Morganella morganii</i> <input type="checkbox"/> <i>Citrobacter</i> spp. <input type="checkbox"/> <i>Pseudomonas</i> spp. <input type="checkbox"/> Other <i>Entero-bacteriaceae</i> , please specify _____
8	<b>CPO gene(s) detected:</b> <input type="checkbox"/> NDM <input type="checkbox"/> KPC <input type="checkbox"/> OXA-48 <input type="checkbox"/> VIM <input type="checkbox"/> IMP <input type="checkbox"/> SME <input type="checkbox"/> Other, please specify _____
9	<b>Was the patient treated with an antibiotic for CPO infection?</b> <input type="checkbox"/> Yes, please specify the antibiotic(s) was / were used? (Check all that apply) <input type="checkbox"/> Colistin <input type="checkbox"/> Tigecycline <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
10	<b>Was ICU admission required due to CPO infections or the complications associated with CPO infection?</b> <input type="checkbox"/> Yes – the patient was admitted to ICU as a result of a CPO infection or complications associated with a CPO infection. <input type="checkbox"/> No – the patient was not admitted to ICU <input type="checkbox"/> N/A – patient was already in ICU due to other medical conditions <input type="checkbox"/> Unknown
11	<b>Patient outcome <u>30 days</u> or up until discharge after identification of CPO infection</b> <input type="checkbox"/> Patient alive, still in hospital 30 days after diagnosis <input type="checkbox"/> Patient survived and discharged <input type="checkbox"/> Patient survived and transferred <input type="checkbox"/> Patient died

Once completed, please send it to PICNet at [picnet@phsa.ca](mailto:picnet@phsa.ca) (cc [Guanghong.han@phsa](mailto:Guanghong.han@phsa)) or fax 604-875-4373