

**MRSA Surveillance Form**

1	Patient unique number		
2	Chart # (if applicable)		
3	a) Type of Care (Acute, LTC, Other)		
	b) Facility (Name)		
4	Patient Care Unit in Facility		
5	Type of patient care unit	<input type="checkbox"/> Surgical Unit <input type="checkbox"/> Critical Care Unit <input type="checkbox"/> Medical Unit <input type="checkbox"/> Obstetrical Unit <input type="checkbox"/> Combined (med/surg) Unit <input type="checkbox"/> Other; specify _____	
6	Date of Birth	____ / ____ / ____ DD MMM YYYY (Month=eg., May)	
7	Date of Admission	____ / ____ / ____ DD MMM YYYY	
8	Reason for Admission		
9	Date of Discharge	____ / ____ / ____ DD MMM YYYY	
10	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
11	What was the date of this patient's newly identified MRSA culture?	____ / ____ / ____ DD MMM YYYY	
12	Why was the first culture done? (Check one answer only)	<input type="checkbox"/> Admission screen <input type="checkbox"/> Clinical isolate <input type="checkbox"/> Contact screening <input type="checkbox"/> Other screening _____	
13	Where was the MRSA acquired? (Check one answer only)	<input type="checkbox"/> Same as treatment facility (#3b) – nosocomial If not acquired in the same facility as #3b <input type="checkbox"/> Another Acute Care (AC) in region _____ <input type="checkbox"/> Another LTC in region _____ <input type="checkbox"/> An exposure outside the region _____ <input type="checkbox"/> Healthcare associated <input type="checkbox"/> Community-associated <input type="checkbox"/> Unknown	
14	At which site has MRSA been isolated (positive culture obtained)? Check all that apply		
	Site of positive culture	Infected or colonized	
	<input type="checkbox"/> Blood	<input type="checkbox"/> Infected	
	<input type="checkbox"/> Surgical wound	<input type="checkbox"/> Infected	<input type="checkbox"/> Colonized
	<input type="checkbox"/> Sputum/Respiratory	<input type="checkbox"/> Infected	<input type="checkbox"/> Colonized
	<input type="checkbox"/> Urine	<input type="checkbox"/> Infected	<input type="checkbox"/> Colonized
	<input type="checkbox"/> Rectum/Peri-anal/Perineum	<input type="checkbox"/> Infected	<input type="checkbox"/> Colonized
	<input type="checkbox"/> Nose	<input type="checkbox"/> Colonized	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Infected	<input type="checkbox"/> Colonized

15	Is the patient epidemiologically linked to others within your institution?	<input type="checkbox"/> No <input type="checkbox"/> Yes
16	Treatment for MRSA	<input type="checkbox"/> Vancomycin <input type="checkbox"/> No antibiotic <input type="checkbox"/> Other _____
17	Patient disposition at 30 days after diagnosis	<input type="checkbox"/> Alive, in hospital due to MRSA <input type="checkbox"/> Alive, in hospital for another reason <input type="checkbox"/> Alive, in a LTC facility <input type="checkbox"/> Discharged from hospital prior to 30 days <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____

Comment: \_\_\_\_\_

1. Patient unique reference number
2. Chart number for those facilities that use a chart number as a patient identifier
3. a) Type of care – Placement of the patient at the time of the positive culture; identify if it was acute care, long term care, or other. Other = living in the community or living in a personal care home at the time of the positive culture.  
b) Facility – If applicable, identify the name of the acute care facility or the long term care facility where the patient resided when the positive culture was identified. The facilities can be identified from the drop down tab.
4. Patient Care Unit - Name of patient/resident care unit of facility in Question 3 eg., 4NB, 3B
5. If the patient was in hospital when laboratory confirmation was known, indicate the type of service provided on that Unit: : medical, surgical, critical care etc. The ICP should use best judgment to determine the Unit associated with the transmission
6. Date of Birth: Please enter Day (##), Month (eg., May) and Year (2008) in this order.
7. Date of Admission: Enter Day (##), Month (eg., May) and Year (2008) in this order.
8. Reason for Admission: why is the person in the facility?
9. Date of Discharge: Enter Day (##), Month (eg., May) and Year (2008) in this order.  
Not applicable – If person a resident of LTC
10. Sex: Check male or female gender as appropriate
11. Enter Day (##), Month (eg., May) and Year (2008) in this order, for the most recent diagnosed MRSA culture
12. Why was the culture done: Check the appropriate response
  - **Admission screening** – This culture was done as part of a protocol on admission that requires patients to be screened for MRSA.
  - **Clinical Isolate** – This culture was a result of some clinical indication or suspicion of infection.
  - **Contact Screen** – The screening was done due to the patient/resident being in the room, ward or unit of a recently identified positive case
  - **Other screen** – This culture was taken in the course of working-up an outbreak or cluster, prevalence screen or other screening for MRSA. This culture would not have been done routinely.
13. Where was the MRSA acquired? Use the definitions to guide making this decision.
  - *Same as treatment facility* – This applies to MRSA infection or colonization which had been acquired in the treatment facility identified in #3b. If the MRSA has not been acquired in the treatment facility identified in #3b choose an option in the **type of care box**:
    - Acute Care
    - Long Term Care
    - Other
  - **In the facility box** – choose either the acute care, long term care facility or choose one of the following options: outside your health region, healthcare associated, community-associated, or personal care home
14. At which site has MRSA been isolated (positive culture obtained)?
  - Check the boxes in the culture positive column for each site that MRSA has been isolated
  - In the second column identify whether the positive culture represented an infection or colonization. MRSA infection is determined by the presence of signs and symptoms associated with MRSA infections. MRSA colonization is the presence of MRSA on the skin, soft tissue, nose or other site which is not associated with clinical signs and symptoms of infection. If the person is found to be colonized from one site and infected at another site, the person would be considered an infected case.



15. Epidemiological link:

- This refers to MRSA thought to be epidemiologically linked to another person with MRSA in your facility through (e.g., common exposures, shared rooms, contact with implicated healthcare worker, contact with another person with MRSA). Using your “Best Judgment” identify whether an epidemiological link has been established between this person and any other known MRSA person in your facility. Check yes or no.

16. Was an antibiotic prescribed for the MRSA diagnosis? If yes, which antibiotic?

17. Outcome: At 30 days post MRSA diagnosis, where was the person?

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