

## Appendix D – Addendum Form for Carbapenemase-Producing Organisms (CPO) OR *Candida auris* (*C. auris*) Infections Identified in Acute Care Facility

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

1	<b>Organism</b> <input type="checkbox"/> CPO OR <input type="checkbox"/> <i>C. auris</i> If a patient is colonized and/or infected with both CPO and <i>C. auris</i> , please fill out two separate forms for each organism
2	<b>Unique Identifier</b> – assigned by BCCDC Public Health Laboratory (PHL) _____
3	<b>Patients' status</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Other, <i>please specify</i> _____
4	<b>Date of admission or visit</b> (dd/mmm/yyyy) _____
5	<b>Name of the facility</b> _____
6	<b>Date of CPO infection identification</b> (dd/mmm/yyyy) _____
7	<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, <i>please specify</i> _____
8	<b>Was ICU admission required due to the infection or the complications associated with the infection within 30 days after identification of the infection?</b> <input type="checkbox"/> Yes – the patient was admitted to ICU as a result of the infection or complications associated with the 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
9	<b>Patient outcome within 30 days after identification of the infection</b> <input type="checkbox"/> Patient alive and still in hospital 30 days after identification of the infection <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)

### Description and notes for Appendix D

1	Organism	Specify whether this is a CPO or <i>C. auris</i> case
2	Unique Identifier	Record the ID number assigned by PHL for the positive isolate that was associated with the infection.  If the ID number has not been received for the isolates or there are any questions about ID, please contact PHL.
3	Patient's status	Check 'Inpatient' (hospitalized) if the patient was admitted to an acute care unit. Otherwise, check 'Other' and specify in written text the location where the sample was collected (e.g., Emergency Department, Hemodialysis or Oncology Clinic, etc)
4	Date of admission or visit (dd/mmm/yyyy).	Record the Day (e.g., 17), Month (e.g., Jul) and Year (e.g. 2014) in this order (e.g., 17-Jul-2014). Write out the month (e.g. Jan, Mar, Aug, etc.).
5	Name of the Facility	Specify the name of the facility where the patient was identified with infection
6	Date of CPO infection identification (dd/mmm/yyyy)	Record the date when the CPO infection was identified, based on collection date, and enter Day (e.g. 17), Month (e.g. Jul) and Year (e.g. 2014) in this order (e.g., 17-Jul-2014).
7	Site(s) of infection	Check the site(s) of infection – check <b>all</b> that apply or specify the site(s) of infection(s).
8	Was ICU admission required due to the infection or the complications associated with the infection within <u>30 days</u> after identification of the infection?	Select <b>one</b> of the options that applies to the patient
9	Patient outcome within <u>30 days</u> after identification of the infection	Select <b>one</b> of the options that apply to the patient at 30 days or at the time of discharge after the infection was identified.