APPENDIX A: Respiratory Tract Infection (RTI) Prospective Event Form

*Required Response; **Conditionally Required Response

± Occurred during the **RTI Surveillance Window,** which is within 7 calendar days after trigger date, with trigger date being calendar day 1

****Resident Characteristics [complete this section only if a Trigger is selected]**

*Facility ID:	Survey ID:	*Resident ID:

*Gender: □ M □ F □ Other □ Unknown | *Age: □ Unknown | *Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

*Race: □ American Indian or Alaskan Native □ Native Hawaiian or Other Pacific Islander □ Asian □ White □ Black or African American □ Other (Specify): _____

*Resident Type: □ Short-stay □ Long-stay

*Date of First Admission to Facility: _____ | *Date of Current Admission to Facility: _____

Trigger for Suspected Respiratory Tract Infection (RTI) Event

*Select **FIRST** trigger that initiated investigation for suspected RTI: *(Select only **one**)*

□ New RTI sign or symptom □ Lab result □ Imaging findings (for example, CXR)
□ Antibiotic use for RTI □ Antiviral use for RTI □ Clinician diagnosed RTI

[COMPLETE REMAINDER OF FORM ONLY IF A TRIGGER IS SELECTED FROM ABOVE. OTHERWISE STOP]

*Date of **first** trigger for suspected RTI: _____

*Resident Care Location on Date of Trigger:_____

*Primary Resident Service Type on Date of Trigger: (*Select **one***)

□ Long-term general nursing □ Long-term dementia/memory care □ Skilled nursing/Short-term rehab
□ Long-term psychiatric □ Ventilator □ Hospice

*Was the resident on a ventilator 7 calendar days before or after date of first trigger? □ YES □ NO

±Vital Signs

±*Was a fever documented? □ YES □ NO ±**If, YES, select **all** that apply*

□ Single temperature > 37.8° C (>100° F) □ Repeated temperatures >37.2° C (99° F)
□ Single temperature >1.1° C (2° F) over baseline □ Term "fever" documented with or without a value

±*Was a decreased in oxygen saturation documented? □ YES □ NO ±***If, YES, select **all** that apply*

□ Pulse oximetry with single O_2 saturation less than 94%
□ Pulse oximetry with single O_2 saturation with reduction of more than 3%
□ Resident newly placed on oxygen
□ Term "hypoxia" documented
□ Respiratory rate more 24 breaths per minute
□ Term "tachypnea" documented with or without a value

±*Was decreased blood pressure documented? □ YES □ NO ±***If, YES, select **all** that apply*

□ New onset hypotension (as defined by facility policy), if selected, specify value (if known): ___/___mmHg
□ Term "hypotension" documented

±*Was an increased heart rate documented? □ YES □ NO ±***If, YES, select **all** that apply*

□ Heart rate (pulse) more than 90 beats per minute (bpm), if selected, specify value _____ bpm
□ Term "tachycardia" documented with or without a value

±* Signs and Symptoms (*Select **all** that apply*)

□ New or increased cough □ Rigor or chills □ New or increase sputum production
□ Pleuritic chest pain □ Malaise □ None
□ Myalgia or body aches □ Loss of appetite or decreased oral intake □ Other: (*Specify*) _____
□ Headache or eye pain □ New or increased shortness of breath

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±**Resident Characteristics [complete this section only if a Trigger is selected]**

*Facility ID:	Survey ID:	*Resident ID:

±*Was acute change in mental status from baseline documented? □ YES □ NO ±***If, YES, select ***all*** *that apply*
□ Fluctuating behavior □ Inattention □ Confusion/disorganized thinking □ Altered consciousness
□ Documentation specified "change in mental status" □ Other: (*Specify*) _____

±*Was the Confusion Assessment Method (CAM) used to assess for delirium? □ YES □ NO

±*Was acute functional decline documented? □ YES □ NO ±**If, YES, select **all** that apply*
□ Bed mobility □ Fall/Transfer □ Dressing □ Toilet Use □ Eating □ Locomotion within facility
□ Personal hygiene □ Documentation specified "acute functional decline"

± Lung Exam Findings *(new or changed finding)*

±*Were new or changed lung exam findings exam documented? □ YES □ NO ±**If, YES, select **all** that apply*
□ Abnormal lung exam □ Rales □ Crackles □ Wheezing □ Rhonchi □ Other _____

± Imaging Findings

±*Was a chest X-ray performed: □ YES □ NO ±***If, YES, specify date of chest x-ray*:_____

±**Chest X-Ray Findings: (*Select **all** that apply*)
□ New infiltrate □ New Consolidation
□ Other findings consistent with pneumonia □ Other findings **not** consistent with pneumonia
□ Negative or "clear" findings

± Leukocytosis

±*Did the resident have leukocytosis? □ YES □ NO ±** *If, YES, select **all** that apply*
□ Term "leukocytosis" documented □ Left shift (6% bands or ≥ 1,500 bands/mm^3)
□ Leukocytosis >10,000 leukocytes per/ml^3 (enter value) _____

± Positive Viral Test Results

±*Were positive viral laboratory tests results documented? □ YES □ NO ±***If, YES, select **all** that apply*
□ SARS-CoV-2 viral test result □ Influenza test result □ Respiratory Syncytial Virus (RSV)
□ Human metapneumovirus (hMPV) □ Other respiratory virus test results (*Specify*): _____

± Positive Bacterial Test Results

±*Were positive bacterial laboratory tests results documented? □ YES □ NO ±***If, Yes, select **all** that apply*
□ Positive *Legionella* urinary antigen test □ Positive *S. pneumonia* urinary antigen test

± Sputum Culture

±*Was a sputum culture collected? □ YES □ NO

± RTI Diagnosis

±*Is there a clinician documented RTI diagnosis? □ YES □ NO
±***If, YES, specify type*: □ PNA □ LRTI □ ILI □ COVID-19 □ Other (*Specify*): _____

±*Does this resident meet one of the RTI surveillance definitions (see criteria in **Appendix E**)? □ YES □ NO
±**If, *YES*, specify type of RTI: (*Select **all** that apply*) □ PNA □ LRTI □ ILI □ COVID-19

± Treatment(s)

±*Antibiotic Treatment? □ YES^ □ NO	±*Antiviral Treatment? □ YES^ □ NO

±*COVID-19 Antibody-based Infusion? □ YES^ □ NO

^ If, YES, is selected, check the specific RTI treatment(s) from the available options on page 3

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****Resident Characteristics [complete this section only if a Trigger is selected]**

*Facility ID:	Survey ID:	*Resident ID:

***Vaccination Status**

*Is there documentation of resident ever receiving any of the following vaccinations? □ YES □ NO

** *If, YES, select **all** that apply*

□ Influenza 2020-2021 □ Influenza 2021-2022 □ Complete SARS-CoV-2 (COVID-19) vaccine series

□ Pneumococcal polysaccharide vaccine (PPSV-23) □ Pneumococcal conjugate vaccine (PCV-13)

Additional RTI Outcomes

*Did the resident die within 30 days from the trigger date? □ YES □ NO

**If, *YES*, was death a result of the RTI and/or related complications? □ YES □ NO □ UNKNOWN

±* Transferred to acute care facility within 7 days of the trigger date? □ YES □ NO

±* RTI Treatment Ordered and/or Administered

^For each category below, select treatment(s) given to resident regardless of the number of doses

±*Antibiotic Treatment *(Select all that apply)*	**±*Antiviral Treatment** *(Select all that apply)*	**±*COVID-19 Antibody-based Infusion(s)** *(Select all that apply)*
☐ Aztreonam ☐ Cephalosporin (for example, cefazolin, cefdinir, cefepime, cefixime, cefotaxime, cefotetan, cefoxitin, cefpodoxime, ceftaroline, ceftazidime, ceftriaxone, cefuroxime, and/or cephalexin) ☐ Carbapenem (for example, ertapenem, imipenem/cilastin, and/or meropenem) ☐ Clindamycin ☐ Doxycycline ☐ Fluoroquinolones (for example, ciprofloxacin, levofloxacin, moxifloxacin, and/or ofloxicin) ☐ Linezolid ☐ Macrolide (for example, azithromycin, and/or clarithromycin) ☐ Penicillin (for example, penicillin, amoxicillin, amoxicillin/clavulanate, and/or piperacillin/tazobactam) ☐ Vancomycin Other *(Specify):* _____	☐ Oseltamivir ☐ Zanamivir ☐ Peramivir ☐ Baloxavir ☐ Other *(Specify):* _____	☐ Casirivimab/imdevimab (Regeneron) ☐ Bamlanivimab/etesevimab (Lilly) ☐ Sotrovimab (GlaxoSmithKline) ☐ Other (*Specify*): _____

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