# Pandrug-Resistant Organism (PDRO) Report Form

**Philadelphia Department of Public Health**
**Division of Disease Control**
1101 Market St.,12th Floor
Philadelphia, PA 19107
Telephone: (215) 685-6748
Fax: (215) 238-6947
Form available at hip.phila.gov

Department of Public Health
CITY OF PHILADELPHIA
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## PATIENT DEMOGRAPHIC INFORMATION

| PATIENT'S NAME (LAST, FIRST) | D.O.B. | AGE (years) | SEX |
|---|---|---|---|
| | _____/_____/_____ | _____ | ☐Male ☐Female ☐Other |

RACE ☐African-American ☐White ☐Asian ☐Pacific Islander ☐Native-American ☐Unknown ☐Other _____ HISPANIC ☐Yes ☐No ☐UNK

| CURRENT ADDRESS ☐Private Residence ☐Healthcare/Assisted Living Facility | ZIP CODE | PATIENT TELEPHONE ☐Work ☐Cell ☐Home |
|---|---|---|
| | | |

| FACILITY NAME, if residing in a healthcare/assisted living facility | WAS FACILITY NOTIFIED ☐Yes ☐No ☐Unknown | PART OF OUTBREAK/CLUSTER ☐Yes ☐No ☐Unknown |
|---|---|---|
| | | |

## CLINICAL DATA

| HOSPITALIZED ☐Yes ☐No | HOSPITAL NAME | ADMIT DATE | DISCHARGE DATE | Admitted to Intensive Care Unit ☐Yes ☐No ☐UNK<br>Fatal ☐Yes ☐No ☐Unknown<br>Date of Death: _____/_____/_____ |
|---|---|---|---|---|
| | | ____/____/____ | ____/____/____ | |

| REASON FOR TESTING ☐Screening/Surveillance ☐Signs/Symptoms of Infection | SIGNS/SYMPTOMS ONSET DATE, if infection: _____/_____/_____ | History of PDRO ☐Yes ☐No ☐UNK<br>Date of first positive: ____/____/_____ |
|---|---|---|
| | | |

INFECTION(S) ASSOCIATED WITH CULTURE(S) (Check all that apply) ☐None ☐Blood ☐Respiratory Tract Infection ☐Urinary Tract Infection (UTI) ☐Organ Space/Abscess ☐Skin/Soft Tissue Infection or Wound ☐Other:_____

UNDERLYING MEDICAL CONDITIONS (Check all that apply or **attach problems list or pertinent sections of medical records**)

☐Chronic Heart/Cardiovascular Disease ☐Kidney Disease; ☐Dialysis in Past Year ☐Wound(s), specify:_____
☐Diabetes ☐Neurological, specify:_____ ☐Other, specify:_____
☐COPD ☐Immunosuppression, specify:_____ ☐None ☐Unknown

## RISK FACTORS

IF AVAILABLE, HISTORY OF HEALTHCARE STAYS IN THE UNITED STATES IN THE PREVIOUS YEAR **(List where the patient was transferred from first)**

Facility:_____ Admission/Discharge Dates: _____/_____/_____ - _____/_____/_____
Facility:_____ Admission/Discharge Dates: _____/_____/_____ - _____/_____/_____
Facility:_____ Admission/Discharge Dates: _____/_____/_____ - _____/_____/_____

HISTORY OF INTERNATIONAL TRAVEL and/or MEDICAL CARE ABROAD IN PREVIOUS YEAR (Check all that apply)

☐International Travel ☐Medical Care Abroad ☐No ☐Unknown Dates of travel: _____/_____/_____ - _____/_____/_____
If yes, location(s):_____

SURGERY/PROCEDURE INVOLVING A SCOPING DEVICE IN THE PAST YEAR? ☐Yes ☐No ☐Unknown If yes, date: _____/_____/_____

CURRENT INDWELLING / INVASIVE DEVICE(S)? ☐Yes ☐No ☐Unknown If yes, specify:_____

## LABORATORY (Please attach culture and sensitivity results and any other applicable test results available)

SPECIMEN COLLECTION DATE: _____/_____/_____ RESULT DATE: _____/_____/_____ GENUS and SPECIES:_____

| SPECIMEN TYPE (Check all that apply) | NAME OF TEST(S)<br>(List the test method(s) used to determine pandrug-resistance) | RESULT(S)<br>(List all pertinent results) | NOTES |
|---|---|---|---|
| ☐Blood ☐Urine<br>☐Rectal ☐Wound<br>☐CSF ☐Abscess<br>☐Respiratory Secretions ☐Skin<br>☐Other, specify:_____ | | | |

## REPORTER INFORMATION

| REPORT DATE | REPORTER NAME | FACILITY NAME | REPORTER PHONE # & EMAIL |
|---|---|---|---|
| _____/_____/_____ | Role: ☐DO/MD ☐ICP ☐PA/NP ☐RN ☐Other:_____ | | |

**PLEASE FAX REPORT TO (215) 238-6947 UPON COMPLETION. RETAIN ISOLATE FOR ONE MONTH**

Form Updated: 05/03/2018

# Reporting Guidelines for Pandrug-resistant Organisms (PDRO)

Report **all** PDROs.

Report cases that were identified from diagnostic testing as well as surveillance/screening testing.

A PDRO is defined as a culture yielding a bacterium or fungus that exhibits non-susceptibility to all antibacterial or all anti-fungal agents tested (i.e. all drugs tested for susceptibility are either intermediate or resistant).

All positive test results should be reported to PDPH **within 24 hours**. Please call PDPH at (215) 685-6748 [after-hours (215) 686-4514] to report a pandrug-resistant organism. A PDRO case report form should also be filled out and faxed to PDPH at (215) 238-6947 after reporting the case via phone.

Isolates should be retained for one month. PDPH will follow up to coordinate further testing as needed.