



HISWA CPE Surveillance Form

Reporting Facility			
Case Details			
UMRN			
First Name			
Surname			
DOB			
Speciality			
Admission Diagnosis			
Patient classification			
Date of Admission			
Date of Discharge			
Date of Death			
Patient presented this admission from			
Has the patient been hospitalised outside of WA in the last 12 months?	Yes	No	
If Yes: specify where:			
If hospitalised outside of WA in the last 12 months was a CRE screen performed on admission?	Yes	No	
Did the patient have a prior micro-alert G? (Private hospitals can check via hiswa@health.wa.gov.au)	Yes	No	
Did the patient have a prior micro-alert H? (Private hospitals can check via hiswa@health.wa.gov.au)	Yes	No	
Number of contacts identified			
Did the patient receive a MRO Letter and Information sheet?	Yes	No	
If Yes: Date provided:			

Enhanced CPE Surveillance			
Country of birth			
Has the patient been in an ICU, aged or long term care facility or had an endoscopy performed within the last 12 months?	Yes	No	Unknown
If Yes: specify where:			
If Yes: specify when:			
Has the patient travelled overseas in the past 4 years	Yes	No	Unknown
If Yes: specify where:			
If Yes: specify what year:			
Has anyone else in the patients household travelled overseas in the past 4 years	Yes	No	Unknown
If Yes: specify where:			
If Yes: specify what year:			
Is anyone in the patient's household a known CPE positive case?			

Specimen Details	
Date of collection	
Laboratory Provider	
Laboratory specimen number	
Organism	
CPE type	
Reason for collection	
Specimen type	
Specimen classification (If more than one, record most relevant sample e.g if BC and screen positive record BC)	If other, specify
Surveillance classification	
Infection Acquisition	

Reporting completed by:

Name	Phone	Date submitted