PN 2q12 - CAP14 - CAP - Inpt - Approp initial antibiotic f/ immunocomp pt Non-ICU (PN-6b)



REVSTAT **REVIEW STATUS (not abstracted)** 0. Abstraction has not begun 1. Abstraction in progress 2. Abstraction completed w/o errors 3. TVG failure (exclusion) 4. Record contains missing required answers (error record) 5. Administrative exclusion from all measures LEFTDATE (Validation) Discharge date (received on pull list and may not be modified) ADMDT (Validation) Date of admission to acute inpatient care BIRTHDT Patient date of birth (received on pull list) AGE Calculated field: ADMDT - BIRTHDT **CXRCTABN** (Validation) Using the inclusion list, was any chest x-ray or CT scan obtained the day of or day prior to hospital arrival OR anytime during this hospital stay abnormal? (SEE INCLUSION LIST) 1. Yes, a chest x-ray or CT scan done within the designated timeframe was abnormal (included ANY inclusion terms). 2. No, a chest x-ray/CT scan done within the designated timeframe was not abnormal (did not include ANY inclusion

terms).
99. Unable to determine from medical record documentation if the chest x-rayor CT scan done during the designated timeframe was abnormal

CXRDONE (Validation)

Did the patient have a chest x-ray or CT scan on the day of or the day prior to hospital arrival OR anytime during this hospital stay?

1. Yes

2. No

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Set variable **ABXDAYS** = ANTIDATE - ARRVDATE

Pg 5







RSKPSEUD (Acute Care)

Did the patient have risk of pseudomonas as evidenced by documentation of one of the following?

- -- Structural lung disease AND documented history of repeated antibiotics or chronic systemic corticosteroid use. Repeated antibiotics and/or chronic systemic corticosteroid use can be for any reason. It does not have to be linked to the structural lung disease.
- -- Bronchiectasis documented as a possible consideration by a physician/APN/PA or pharmacist at the time of admission
- -- Physician/APN/PA or pharmacist documented pseudomonal risk
- 1. Yes
- 2. No

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