

CVC-associated BSI Surveillance: Data Collection Form

1. Patient number: _____ - _____ - _____ 2. Episode of BSI during this hospitalisation: _____
Site # - Year - Sequential pt # Sequential letter

3. Date of birth: _____ / _____ / _____ 4. Sex: Male Female
DD MMM YYYY

5. Date of pos. culture _____ / _____ / _____ 6. Birth weight (NICU only): _____
DD MMM YYYY grams
(Date of first positive culture for current BSI)

7. Patient's ICU on date of positive culture:

<input type="checkbox"/> Neonatal	<input type="checkbox"/> Adult mixed	<input type="checkbox"/> Adult neurosurgery
<input type="checkbox"/> Adult surgical	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adult coronary	<input type="checkbox"/> Adult medical	
<input type="checkbox"/> Adult trauma	<input type="checkbox"/> Adult CV surgery	

8. Microorganisms isolated:

_____	_____	<input type="checkbox"/> MRSA
_____	_____	<input type="checkbox"/> VRE
_____	_____	<input type="checkbox"/> ESBL

9. Criteria for diagnosis of CVC-BSI in this patient. Check one:

Recognised pathogen cultured from one or more blood cultures, unrelated to infection at another site.

At least one of: fever >38°C, chills, hypotension (if aged < 1 yr: one of fever >38°C, hypothermia, apnea, or bradycardia) or signs of infection of catheter insertion site, tunnel or pocket
AND
 Common skin contaminant (e.g. diphtheroids, Bacillus spp, Propionibacterium spp, coagulase negative staphylococci, micrococci) cultured from two or more blood cultures drawn on separate occasions.

At least one of: fever >38°C, chills, hypotension (if aged < 1 yr: one of fever >38°C, hypothermia, apnea, or bradycardia) or signs of infection of catheter insertion site, tunnel or pocket
AND
 Common skin contaminant (as in 2 above) cultured from one blood culture from a patient with an intravenous line and the physician institutes appropriate antimicrobial therapy.

10. Outcome 4 weeks after BSI. Check one:

Alive, in hospital

Discharged from hospital _____ / _____ / _____
MM DD YYYY

Deceased _____ / _____ / _____
MM DD YYYY

If deceased, relation to BSI : direct cause
 indirect (contributing)
 unrelated
 cannot determine

11. Comments:

