



Primary Bloodstream Infection (BSI)

OMB No. 0920-0666
Exp. Date: xx-xx-20xx

*required

**required for saving

*Facility ID #: _____ *Event #: _____

*Patient ID #: _____ Social Security #: _____ - _____ - _____
Secondary ID #: _____

Patient Name, Last: _____ First: _____ Middle: _____

*Gender: ___ F ___ M *Date of Birth: ___/___/___

Ethnicity (specify): _____ Race (specify): _____

*Event Type: BSI *Date of Event: ___/___/___

*Post-procedure BSI: ___ Y ___ N Date of Procedure: ___/___/___

NHSN Procedure Code: _____ ICD-9-CM Procedure Code: _____

*Location: _____ *Date Admitted to Facility: ___/___/___

*MDRO Infection: ___ Y ___ N

*Risk Factors

If ICU/Other locations, Central line: ___ Y ___ N Location of Device Insertion: _____

If Specialty Care Area, _____

Permanent central line: ___ Y ___ N Date of Device Insertion: ___/___/___

Temporary central line: ___ Y ___ N

If NICU, _____

Non-umbilical Central line: ___ Y ___ N

Umbilical catheter: ___ Y ___ N

Birth weight: _____ grams

Event Details

BSI (*Check Laboratory-confirmed or Clinical sepsis)

___ Laboratory-confirmed: No infection at another site + (check one pathway below)

___ Recognized pathogens: ≥ 1 blood culture positive

___ Skin organisms: ≥ 2 blood cultures drawn on separate occasions w/ same organism + signs/sx

___ Skin organisms: ≥ 1 blood culture positive in pt with IV + signs/sx + antimicrobial therapy

___ Clinical sepsis: ≥ 1 sign/sx + blood culture not done or negative + no infection at

another site + antimicrobial therapy

**Died: ___ Y ___ N BSI Contributed to Death: ___ Y ___ N

Discharge Date: ___/___/___

*Pathogens Identified: ___ Y ___ N If Yes, specify on reverse →

Custom Fields

| Label | Label |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Comments

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

