

# Primary Bloodstream Infection (BSI)

\*\*required for saving

*Facility ID #:	*Event #:																
*Patient ID #:	Social Security #:																
Secondary ID #:																	
Patient Name, Last:	First: _____ Middle: _____																
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M	*Date of Birth: ____ / ____ / ____																
Ethnicity (specify): _____ Race (specify): _____																	
*Event Type: <u>BSI</u>	*Date of Event: ____ / ____ / ____																
*Post-procedure BSI: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Procedure: ____ / ____ / ____																
NHSN Procedure Code: _____ ICD-9-CM Procedure Code: _____																	
*Location: _____	*Date Admitted to Facility: ____ / ____ / ____																
*MDRO Infection: <input type="checkbox"/> Y <input type="checkbox"/> N																	
<b>*Risk Factors</b> <table border="0" style="width: 100%;"> <tr> <td>If ICU/Other locations, Central line: <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Location of Device Insertion: _____</td> </tr> <tr> <td>If Specialty Care Area,</td> <td></td> </tr> <tr> <td>    Permanent central line: <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td>Date of Device Insertion: ____ / ____ / ____</td> </tr> <tr> <td>    Temporary central line: <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> </tr> <tr> <td>If NICU,</td> <td></td> </tr> <tr> <td>    Non-umbilical Central line: <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> </tr> <tr> <td>    Umbilical catheter: <input type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> </tr> <tr> <td>    Birth weight: _____ grams</td> <td></td> </tr> </table>		If ICU/Other locations, Central line: <input type="checkbox"/> Y <input type="checkbox"/> N	Location of Device Insertion: _____	If Specialty Care Area,		Permanent central line: <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Device Insertion: ____ / ____ / ____	Temporary central line: <input type="checkbox"/> Y <input type="checkbox"/> N		If NICU,		Non-umbilical Central line: <input type="checkbox"/> Y <input type="checkbox"/> N		Umbilical catheter: <input type="checkbox"/> Y <input type="checkbox"/> N		Birth weight: _____ grams	
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Birth weight: _____ grams																	
<b>Event Details</b> BSI (*Check Laboratory-confirmed or Clinical sepsis)																	
<input type="checkbox"/> Laboratory-confirmed: No infection at another site + (check one pathway below)																	
<input type="checkbox"/> Recognized pathogens: ≥1 blood culture positive																	
<input type="checkbox"/> Skin organisms: ≥2 blood cultures drawn on separate occasions w/ same organism + signs/sx																	
<input type="checkbox"/> Skin organisms: ≥1 blood culture positive in pt with IV + signs/sx + antimicrobial therapy																	
<input type="checkbox"/> Clinical sepsis: ≥1 sign/sx + blood culture not done or negative + no infection at another site + antimicrobial therapy																	
**Died: <input type="checkbox"/> Y <input type="checkbox"/> N	BSI Contributed to Death: <input type="checkbox"/> Y <input type="checkbox"/> N																
Discharge Date: ____ / ____ / ____																	
*Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, specify on reverse →																
<b>Custom Fields</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Label</td> <td style="width: 50%;">Label</td> </tr> <tr> <td>_____ / _____ / _____</td> <td>_____ / _____ / _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Label	Label	_____ / _____ / _____	_____ / _____ / _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
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<b>Comments</b>																	

**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).

**BSI**

## Pathogens: Select up to 3 organisms

Pathogen #	Gram-positive Organisms										
	Coagulase-negative staphylococci (specify)	VANC	S I R N	AMP	DAPTO	LNZ	PENG	VANC	S I R N	S I R N	S I R N
<i>Enterococcus faecalis</i>		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
<i>Enterococcus faecium</i>		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIE	TMZ	VANC	
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
Gram-negative Organisms											
<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTAZ	CIPRO	IMI	LEVO	MERO		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTAZ	CIPRO	IMI	LEVO	MERO		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTAZ	CIPRO	IMI	LEVO	MERO		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTAZ	CIPRO	IMI	LEVO	MERO		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTAZ	CIPRO	IMI	LEVO	MERO		
	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP		
	S I R N	S I R N		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	
<i>Stenotrophomonas maltophilia</i>	TMZ										
	S I R N										

Pathogen #	Other Organisms									
	Organism 1 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
Organism 2 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	
Organism 3 (specify)	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N	

AMK = amikacin  
 AMP = ampicillin  
 AMPSUL = ampicillin/sulbactam  
 CEFEP = cefepime  
 CEFOT = cefotaxime

CEFTAZ = ceftazidime  
 CEFTRX = ceftriaxone  
 CIPRO = ciprofloxacin  
 CLIND = clindamycin  
 DAPTO = daptomycin

ERYTH = erythromycin  
 GENT = gentamicin  
 IMI = imipenem  
 LEVO = levofloxacin  
 LNZ = linezolid  
 MERO = meropenem  
 OX = oxacillin

PENG = penicillin G  
 PIP = piperacillin  
 PIPTAZ = piperacillin / tazobactam  
 QUIDAL = quinupristin / dalfopristin  
 RIF = rifampin  
 TMZ = trimethoprim / sulfamethoxazole  
 VANC = vancomycin

Result codes:  
 S = susceptible      I = intermediate  
 R = resistant      N = not tested