



# 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:  $\geq 1$  blood culture positive

\_\_\_ Skin organisms:  $\geq 2$  blood cultures drawn on separate occasions w/ same organism + signs/sx

\_\_\_ Skin organisms:  $\geq 1$  blood culture positive in pt with IV + signs/sx + antimicrobial therapy

\_\_\_ Clinical sepsis:  $\geq 1$  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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 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).

