APPENDIX 2 – MEDICAL CHART ABSTRACTION FORM – PA NTM INFECTIONS

Abstractor: Date of abstraction: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_

This patient is a: 1 [ ] Case 2 [ ] Control

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pathogen | Infection site | Specimen | Date specimen obtained | Test performed |
| [ ] M. abscessus  [ ] M. chelonae  [ ] M. fortuitum  [ ] M. something | [ ] BSI  [ ] SSI  [ ] Respiratory  [ ] CAUTI  [ ] Skin/soft tissues  [ ] Other\_\_\_\_\_\_\_ | [ ] Blood  [ ] Tissue/Biopsy  [ ] BAL/BW  [ ] Urine  [ ] Swab  [ ] Other\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | [ ] Culture  [ ] PCR  [ ] Histopath  [ ] Other\_\_\_\_\_\_ |
|  |  |  |  |  |

1. **Patient information**

Sex: 1 [ ] Male 2 [ ] Female 9 [ ] N/A

Year of birth/Age:\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity:

1 [ ] White 2 [ ] Afr Am 3 [ ] Hispanic 4 [ ] Asian/PI 5 [ ] AI/AN

7 [ ] Other, specify:\_\_\_\_\_\_\_ 9 [ ] Unknown

Hospital/clinic admission date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ (mm/dd/yy)

Admission diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onset date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ (mm/dd/yy)

Chief complaints\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **History and Physical**

Secondary Diagnoses (patient medical history):

[ ] CAD [ ] Rheumatoid Arthritis [ ] Solid tumor (non-metastatic) [ ] CHF [ ] Connective tissue disease [ ] Metastatic solid tumor

[ ] PVD [ ] Mild liver disease [ ] Lymphoma

[ ] Dementia [ ] Moderate-to-severe liver disease [ ] PUD

[ ] Chronic pulmonary disease [ ] Diabetes w/o complications [ ] AIDS (CD4<200 or OI)

[ ] Hemiplegia [ ] Diabetes w/end organ disease [ ] Inflammatory bowel disease

[ ] Moderate to severe renal disease (Cr>=3.0, h/o uremia, transplant) [ ] Ulcer disease

[ ] Leukemia [ ] Obesity [ ] Hypertension

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current alcohol use 1 [ ] Yes, amount (drinks/week): \_\_\_\_\_\_\_\_\_ 2 [ ] No 9 [ ] Unknown

Smoking status (at admission) 1 [ ] Yes, amount (pack-years):\_\_\_2 [ ] No 9 [ ] Unknown

Any prior history of smoking? 1 [ ]Yes, pack-year history \_\_\_ [ ] No 9 [ ] Unknown

Other history related to this hospitalization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any medications used prior to admission

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Hospital course**

Patient location/procedures/movements in the hospital … days before first positive culture:

(procedures may include central line insertion/care, catheter insertion, ultrasound, endoscopy…)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Building | Tower | Unit | Room | Dates | Procedure | Staff encounter |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

1. **If BSI, consider the following**

Central line is present: [ ] Yes [ ] No

If Yes, then

|  |  |  |
| --- | --- | --- |
| Date inserted | Type | Active during 1 week before culture |
| \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | [ ] CVC  [ ] PICC  [ ] Port  [ ] Swan-Ganz  [ ] Other\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |
| \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | [ ] CVC  [ ] PICC  [ ] Port  [ ] Swan-Ganz  [ ] Other\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |

Central line access (within 1 week of positive culture)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date accessed | Staff | Procedure | Saline flush | Medications administered |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Flush  [ ] Dressing change  [ ] Med administration  [ ] Other\_\_\_\_ | [ ] Yes [ ] No | \_\_\_\_\_\_\_\_\_\_ (note if something is multi-dose vial) |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Flush  [ ] Dressing change  [ ] Med administration  [ ] Other\_\_\_\_ | [ ] Yes [ ] No | \_\_\_\_\_\_\_\_\_\_ (note if something is multi-dose vial) |

Other medications administered parenterally (not via central line)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Staff | Route/site | Medications administered |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] IV\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] IM\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] SC\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ (note if something is multi-dose vial) |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] IV\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] IM\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] SC\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ (note if something is multi-dose vial) |

Did patient have a shower/bath during the week before positive culture [ ] Yes [ ] No

Date shower 1: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Date shower 2: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Date shower 3: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

1. **If SSI, consider the following**

Weight\_\_\_\_\_\_\_\_\_\_lbs/kg Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_in/cm on admission date

Highest glucose in 48 hours prior to surgery:\_\_\_\_\_\_\_\_\_Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ Time: \_\_:\_\_

HgbA1c value within 3 months of surgery (take most recent value):\_\_\_\_\_\_Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Pre-op albumin level:\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ Time: \_\_:\_\_

ASA Score: \_\_\_\_\_\_\_\_\_ NYHA Score:\_\_\_\_\_\_\_\_\_\_ Preop EF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of surgery \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Antibiotics used

Pre-op Abx use [ ] Yes [ ] No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Route | Dose | Date | Time start |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |

Intra-op Abx use [ ] Yes [ ] No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Route | Dose | Date | Time start |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |

Intra-op Abx use [ ] Yes [ ] No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Route | Dose | Date | Time start |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |
| \_\_\_\_\_\_\_\_ | [ ] IV [ ] IM | \_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_\_:\_\_ |

Antiseptic showering □ Yes, type and date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No

Pre-op hair removal: □ none □ razor □ clipper □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-op prep: □ CHG □ Betadine □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special skin preparation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical procedures (briefly, e.g., CABGx2, LIMA harvest…):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a CABG, what is the harvest site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery start time:\_\_\_\_\_\_\_\_\_\_\_

Surgery stop time:\_\_\_\_\_\_\_\_\_\_\_

OR Room #: \_\_\_\_\_\_

Surgeon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anesthesiologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RFNA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRNA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RFNA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perfusionist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scrub Nurse(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Scrub \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circulator 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circulator 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (name/title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (name/title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did patient have Cardiopulmonary Bypass (CBP)? 1 [ ] Yes 2 [ ] No 9 [ ] Unknown

Intraoperative US (e.g., TEE) performed: 1 [ ] Yes 2 [ ] No 9 [ ] Unknown

If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardioplegia or similar intervention 1 [ ] Yes 2 [ ] No 9 [ ] Unknown

If yes, what was used for the procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other IV drugs during surgery?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Dose | Route | Time start | Time stop |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |

Transfusions during surgery?

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Dose | Time start | Time stop |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Highest glucose during procedure:\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_:\_\_

List all the devices or equipment that were inserted into patient’s body (valve, grafts, drains, staple/suture, wound dressing…)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instrument type** | **Name** | **Catalog #** | **Serial #** | **Check if left in place** | **Date removed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Grafts** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Staples/sutures** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Drains** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Other intra-operative findings (including cooling methods, drugs in/on chest, dressing, ointment…):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post operation

ICU recovery room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission date: \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ Time:\_\_ \_\_:\_\_ \_\_

Did patient have warmers (forced air warming blanket, etc)…1 [ ] Yes 2 [ ] No 9 [ ] Unknown

Medications (suppressors, immunosuppressant) after surgery?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Dose | Route | Date and time start | Date and time stop |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |
|  |  | [ ] IV [ ] IM |  |  |

Transfusions after surgery?

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Dose | Date and time start | Date and time stop |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Highest glucose within 24 hours post operation:\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ Time: \_\_:\_\_

Wound care after surgery:

Dressing change (one change per line, regardless of products used) or wound cleansing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dressing/cleansing product | Date change | Time change | Staff name | Note |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Date of dressing removal \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ [ ] N/A

Date of staple/suture removal \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ [ ] N/A

Date of drain removal \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ [ ] N/A

Other interventions in or around the wound (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did patient have a shower/bath during hospitalization after surgery [ ] Yes [ ] No

Date shower 1: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Date shower 2: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Date shower 3: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

If SSI is related to endoscopy/laparoscopy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Type and site of endoscopy | Interpretation | Meds used during bronchoscopy | Location (Bedside, Radiology) and staff |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Abx used before admission for SSI 1 [ ] Yes 2 [ ] No 9 [ ] Unknown

If Yes, start date\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ and drug name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI symptoms:

Fever 1 [ ] Yes 2 [ ] No 9 [ ] Unknown

Wound findings: 1 [ ] Superficial 2 [ ] Deep 3 [ ] Organ space

Site of the wound \_\_\_\_\_\_\_\_\_\_\_\_\_ 9 [ ] Unknown

Drainage 1 [ ] Yes 2 [ ] No

Swelling 1 [ ] Yes 2 [ ] No

Erythema 1 [ ] Yes 2 [ ] No

Pain 1 [ ] Yes 2 [ ] No

Other symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wound Classification: □ Clean □ Clean-Contaminated □ Contaminated □ Dirty

Wound treatment:

Surgical Debridement 1 [ ] Yes 2 [ ] No Date \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_

Wound Vac 1 [ ] Yes 2 [ ] No Date \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_

Flap 1 [ ] Yes 2 [ ] No Date \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_

Antibiotics 1 [ ] Yes 2 [ ] No start date \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_

Specify agent/dose/route:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medications 1 [ ] Yes 2 [ ] No Date \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If respiratory infections, consider the following**

List RTs who had contact with the patient before first positive culture date:

|  |  |
| --- | --- |
| Name | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |

Respiratory Meds received before first positive culture?□YES□NO

Include O2, NO or other inhaled agents (e.g. albuterol, anesthesia meds, inhaled antibiotics, inhaled asthma meds) in this section

|  |  |  |
| --- | --- | --- |
| Name (use generic name) | Type/Route (eg MDI, Neb, nasal canula) | Date administered |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |

Antibiotics received before first positive culture? □YES □NO

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dose | Route | Dates administered |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ |

Routine care items/treatments/nutrition received before first positive culture

Mouthwash: Yes No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lip balm: Yes No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nasal spray: Yea No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deodorant: Yes No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chlorhexidine: Yes No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antiseptics: Yes No If yes, name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tube feeds: Yes No If yes, tube type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feed fluid name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shaving gel: Yes No If yes, brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other products:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were steroids administered before first positive culture? □Yes □No

If yes, dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dates administered\_\_/\_\_/\_\_\_\_-\_\_/\_\_/\_\_\_\_

\_\_/\_\_/\_\_\_\_-\_\_/\_\_/\_\_\_\_

Was suctioning done: □Yes □No

If yes, dates \_\_/\_\_/\_\_\_\_-\_\_/\_\_/\_\_\_\_

How many times did the patient receive suctioning within the exposure window: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any solutions/fluid used during the procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was bronchoscopy done: □Yes □ No

If yes fill the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Interpretation | Meds used during bronchoscopy | Location (Bedside, Radiology) and staff | Specimen obtained |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 [ ] Yes 2 [ ] No |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 [ ] Yes 2 [ ] No |
| \_\_ \_\_ /\_\_ \_\_/\_\_ \_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 [ ] Yes 2 [ ] No |

Ventilation

Did patient require mechanical ventilation before first positive culture date? □YES □ NO

Vent brand/serial number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, date intubated \_\_/\_\_/\_\_\_\_

Location where intubated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date extubated \_\_/\_\_/\_\_\_\_

Did the patient have or receive a tracheostomy during the exposure window? □YES □NO

If yes, date procedure performed \_\_/\_\_/\_\_\_\_

Location where tracheotomy done\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did patient require CPAP? □YES □NO

If yes, # of days on CPAP before first positive culture\_\_\_\_\_\_\_

Did patient require BIPAP? □YES □ NO

If yes, # of days on BIPAP before first positive culture \_\_\_\_\_\_\_\_

1. **If CAUTI, consider**

Is patient incontinence 1 [ ] Yes 2 [ ] No

Catheter information

|  |  |  |
| --- | --- | --- |
| Date inserted | Date withdrawn | Type |
| \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | [ ] Urinary catheter  [ ] Suprapubic catheter  [ ] Temporary relief  [ ] Other\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ | [ ] Urinary catheter  [ ] Suprapubic catheter  [ ] Temporary relief  [ ] Other\_\_\_\_\_\_\_\_\_\_\_ |

If catheter was accessed or maneuvered, provide information

|  |  |  |  |
| --- | --- | --- | --- |
| Date accessed | Staff | Procedure | Bag drain |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |

1. **Patient symptoms and other laboratory data**

[ ] Fever

[ ] Chills

[ ] Abdominal pain

[ ] Cough

[ ] Hemoptysis

[ ] Dyspnea

[ ] Respiratory failure

[ ] Shock

CBC and chemistry

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date specimen obtained | WBC | ALT | AST | … |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

Urinalysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date specimen obtained | WBC | RBC | … | … |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

Other culture

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date specimen obtained | Source of specimen | Test | Result | … |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Culture  [ ] PCR  [ ] Histopath  [ ] Other\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| \_ \_/\_ \_/\_ \_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ] Culture  [ ] PCR  [ ] Histopath  [ ] Other\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

1. **Patient treatment and outcome**

Antibiotic received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Route | Dose | Date start | Date stop |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_ \_/\_ \_/\_ \_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] IV [ ] IM [ ] PO | \_\_\_\_\_\_\_\_\_ | \_ \_/\_ \_/\_ \_ | \_ \_/\_ \_/\_ \_ |

Patient outcome of this hospitalization?

1 [ ] Recover and discharged 2 [ ] Died 3 [ ] Still in hospital

4 [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 [ ] Unknown