KNHSS

Kuwait National Healthcare-associated Infections Surveillance System

Surveillance date mm/yyyy _____/_____

Facility name : ---------- Code ----------

Primary Blood Stream Infection (BSI)

Patient information

Patient ID:	File number:
Patient Name:	Nationality: **1**❑ K **2**❑ NK
Gender: **1**❑M **2**❑F	Date of Birth:_____/_____/_____ (dd/ mm/ yyyy)
Date Admitted to Facility: _____/____/_____ (dd/ mm/ yyyy)	Location : Location code:
Event Type: **BSI**	Date of Event: :_____/_____/_____ (dd/ mm/ yyyy)
Post-procedure BSI: **1**❑ Yes **0**❑ No	Date of Procedure: :_____/_____/_____(dd/ mm/ yyyy)

Procedure name: NHSN Procedure category name: KNHSS Procedure category code:

MDRO Infection Surveillance:

❑Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module
❑No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Risk Factors

Is central line a risk factor (CLABSI): 1❑ Yes 0❑ No

If **yes** , check that apply:
***If ICU/Other locations**:
1❑ Central line
***If Specialty Care Area/Oncology:**
2❑ Permanent central line
3❑ Temporary central line
***If NICU:**
4❑Central line, including umbilical catheter

Scenarios where "CL" must be marked "No" in presence of eligible central line:
1❑Patient had eligible ECMO
2❑Patient had eligible VAD
3❑Group B Strep ≤6 days after birth
4❑Pus at non-CL vascular access site
5❑MBI-LCBI

Birth weight: **1**❑≤750 gms **2**❑751-1000 gms **3**❑1001-1500 gms **4**❑1501-2500 gms **5**❑>2500 gms

Any haemodialysis catheter present **1**❑ Yes **0**❑ No

Location of Device Insertion:----------
Location code of device insertion: ----------

	Date of insertion (dd/ mm/yyyy)	Date of removal (dd/ mm/yyyy)
CL1:	_____/____/ ____	_____/____/ _____
CL2:	_____/____/ ____	_____/____/ _____
CL3:	_____/____/ ____	_____/____/ ____

Event Details

Specific Event: **Laboratory confirmed** **1**❑**LCBI-1** **2**❑**MBI-LCBI-1** **3**❑**LCBI-2** **4**❑**MBI-LCBI-2** **5**❑**LCBI-3** **6**❑**MBI-LCBI-3**

Specific Criteria Used:

Any Patient
1❑Fever
2❑Chills
3❑Hypotension

≤1 year old
1❑Fever
2❑Hypothermia
3❑Apnea
4❑Bradycardia

Underlying conditions for MBI-LCBI (check all that apply)
1❑ Allo-SCT with Grade ≥ 3 GI GVHD
2❑ Allo-SCT with diarrhea
3❑ Neutropenia (WBC or ANC < 500 cells mm^3)

Laboratory (must check one)
1❑Recognized bacterial or fungal pathogen using culture or non-culture test
2❑Common commensal from ≥2 blood cultures from separate blood draws

-Specify pathogen(s)
-Number of pathogens: ___
-Pathogen(s) code(s): ___ ___ ___
-MDRO **1**❑ Yes **0**❑ No
-MDRO pathogen(s) code(s) ___ ___ ___
Pathogen 1 ❑MRSA ❑VRE ❑ESBL ❑CRE ❑MDR-PA ❑C-NS-PA ❑MDR-A.spp ❑C-NS-A.spp
Pathogen 2 ❑MRSA ❑VRE ❑ESBL ❑CRE ❑MDR-PA ❑C-NS-PA ❑MDR-A.spp ❑C-NS-A.spp
Pathogen 3 ❑MRSA ❑VRE ❑ESBL ❑CRE ❑MDR-PA ❑C-NS-PA ❑MDR-A.spp ❑C-NS-A.spp

Died during current hospitalization: **1**❑Yes **0** ❑ No If died; BSI Contributed to Death: **1**❑Yes **0**❑No

Discharge/death date_____/_____/_____(dd/ mm/ yyyy)
Doctor's Signature ---------- Nurse's Signature----------