

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

Total number of infections for all birth weight categories =.....

Total number of BSI for all birth weight categories = (CLABSI+ Non CLABSI.....)

Total number of UTI for all birth weight categories = (CAUTI+ all other UTI)

Total number of LRTI for all birth weight categories=..... (VAP.....+ all other LRTI.....)

Number of SSI for all birth weight categories =.....

Number of other infections for all birth weight categories=.....

Overall patient infection rate (%)= $\frac{\text{Total number of patients with one or more HAI for all birth weight categories}}{\text{Total number of new arrivals+ number of patients remaining from the previous month}} \times 100$

.....%

Doctor's Signature

Nurse's Signature

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

For Birth Weight Category A (≤ 750 grams)

Name of rate	Formula	Result
1. Overall infection rate/1000	$\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$	/1000
2. CLABSI rate/1000	$\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$	/1000
3. CAUTI rate/1000	$\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$	/1000
4. VAP rate/1000	$\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$	/1000
5. Central line utilization ratio	$\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$	
6. Urinary catheter utilization ratio	$\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$	
7. Ventilator utilization ratio	$\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$	

Doctor's Signature -----

Nurse's Signature -----

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

For Birth Weight Category B (751-1000 grams)

Name of rate	Formula	Result
1. Overall infection rate/1000	$\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$	/1000
2. CLABSI rate/1000	$\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$	/1000
3. CAUTI rate/1000	$\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$	/1000
4. VAP rate/1000	$\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$	/1000
5. Central line utilization ratio	$\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$	
6. Urinary catheter utilization ratio	$\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$	
7. Ventilator utilization ratio	$\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$	

Doctor's Signature

Nurse's Signature

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

For Birth Weight Category C (1001-1500 grams)

Name of rate	Formula	Result
1. Overall infection rate/1000	$\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$	/1000
2. CLABSI rate/1000	$\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$	/1000
3. CAUTI rate/1000	$\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$	/1000
4. VAP rate/1000	$\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$	/1000
5. Central line utilization ratio	$\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$	
6. Urinary catheter utilization ratio	$\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$	
7. Ventilator utilization ratio	$\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$	

Doctor's Signature

Nurse's Signature

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

For Birth Weight Category D (1501-2500 grams)

Name of rate	Formula	Result
1. Overall infection rate/1000	$\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$	/1000
2. CLABSI rate/1000	$\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$	/1000
3. CAUTI rate/1000	$\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$	/1000
4. VAP rate/1000	$\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$	/1000
5. Central line utilization ratio	$\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$	
6. Urinary catheter utilization ratio	$\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$	
7. Ventilator utilization ratio	$\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$	

Doctor's Signature -----

Nurse's Signature -----

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name _____

Neonatal Intensive Care Unit (level II/III and level III) Monthly Rates Form

For Birth Weight Category E (>2500 grams)

Name of rate	Formula	Result
1. Overall infection rate/1000	$\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$	/1000
2. CLABSI rate/1000	$\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$	/1000
3. CAUTI rate/1000	$\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$	/1000
4. VAP rate/1000	$\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$	/1000
5. Central line utilization ratio	$\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$	
6. Urinary catheter utilization ratio	$\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$	
7. Ventilator utilization ratio	$\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$	

Doctor's Signature -----

Nurse's Signature -----