CPE PPS: Patient-level data capture

To be completed once per patient

This paper form is intended to aid collecting data in advance of entering it onto the data capture system (DCS). It cannot be used instead of the DCS.

Questions in grey are conditional on previous answers

* Denotes mandatory questions

Response boxes which are blank will require free text / dates / choices from longer lists not shown here

Response boxes with options (e.g. yes / no / unknown) will require an/multiple option(s) to be chosen

PATIENT DETAILS			
	Question	**Response**	**Help notes**
1	*Reporting Organisation		Which ICU is the patient on?

2	*Date of interest		DD/MM/YYYY
			The date of interest is the first available option in the following hierarchy:
			1. Date of CPE screening test (if single test)
			2. If multiple CPE screening tests:
			   a. If any positive, date of first positive screen OR
			   b. If all negative, date of most recent screen
			3. Today's date if never screened

3	*NHS number		10 digit NHS number, if not available enter 999 999 9999
4	*First name		
5	*Surname		
6	*Date of birth		DD/MM/YYYY, if not known enter 01/01/1900
7	*Sex	Male / Female / Unknown	Biological sex

PATIENT DETAILS 2			
	Question	**Response**	**Help notes**
8	*Survey date		DD/MM/YYYY Date chosen for the PPS
9	*Patient age group	Adults / Paediatrics / Neonates	Select age group of ICU
10	Ethnicity (stage one)	White Mixed or Multiple ethnic groups Asian or Asian British Black, African, Caribbean or Black British Other ethnic group	Ethnicity of patient (stage one selection)
11	Ethnicity (stage two) if White	English, Welsh, Scottish, Northern Irish or British Irish Gypsy or Irish Traveller	Ethnicity of patient (stage two selection)

		Any other White background	
12	Ethnicity (stage two) if Mixed or multiple ethnic groups	White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple ethnic background	Ethnicity of patient (stage two selection)
13	Ethnicity (stage two) if Asian or Asian British	Indian Pakistani Bangladeshi Chinese Any other Asian background	Ethnicity of patient (stage two selection)
14	Ethnicity (stage two) if Black, African, Caribbean or Black British	African Caribbean Any other Black, African or Caribbean background	Ethnicity of patient (stage two selection)
15	Ethnicity (stage two) if other	Arab Any other ethnic group	Ethnicity of patient (stage two selection)
16	Please state other White background		Ethnicity of patient (free text)
17	Please state other Mixed or Multiple ethnic background		Ethnicity of patient (free text)
18	Please state other Asian background		Ethnicity of patient (free text)
19	Please state other Black, African or Caribbean background		Ethnicity of patient (free text)
20	Please state other ethnic group		Ethnicity of patient (free text)
21	*UK resident	Yes / No / Unknown	Indicate if patient normally resides in the UK. If for a neonate, please use details of mother
22	Normal country of residence if not UK		Full list of countries and territories as drop down options in the DCS
23	Normal country of residence if Other		
24	*Birthweight (number in grams)		Birth weight (in grams) of neonatal patients i.e. babies less than or equal to 28 days old OR any age but on NICU.
25	*Gestation (weeks + days)		Gestation for babies aged under 1 year, format WW + D e.g. 35 + 4
26	*Patient category	NHS Private Diplomatic Other	Indicate patient category on admission

		Unknown	
27	Other patient category		Specify patient category if "other"
28	*Date admitted to hospital		DD/MM/YYYY Date admitted to Trust, or date of birth if neonate and admitted since birth
29	*Admitted from	Home A&E International transfer Nursing home Other Trust Non-NHS hospital Non-health-related institute Temporary accommodation Other Unknown	Setting patient admitted from into Trust
30	Other admitted from		Specify if admitted from "other" location
31	*Date admitted to ICU		DD/MM/YYYY Date admitted to ICU
32	Time admitted to ICU		HH:MM Specify time admitted to ICU
33	*Location admitted to ICU from	Home A&E HDU within same Trust Other ward within same Trust International transfer Nursing home Other Trust Non-NHS hospital Non-health-related institute Temporary accommodation Other Unknown	Setting patient admitted from into ICU
34	Other admitted from (ICU)		Specify if admitted to ICU from "other" location
35	*If admitted to ICU from another ward within the same Trust, please specify	Adult / Paediatrics / Neonates / Other	Specify speciality patient was admitted into the ICU from
36	If other, please specify		Specify other/speciality
37	If adult, please specify adult speciality	General medical General surgical Speciality Intensive care	
38	If 'Speciality', please specify which adult speciality		Specify other/speciality
39	If paediatrics, please specify paediatrics speciality	Medical Surgical Speciality Intensive care	

40	If 'Speciality', please specify which paediatrics speciality			Specify other/speciality
41	If neonates, please specify neonates speciality	NICU Neonatal HDU SCBU		
42	APACHE II score	Integer, ranging 0 - 71		For adult patients only. Score measures severity of disease for patients admitted to ICUs. Provide score assigned to patient on admission to ICU. Range 0-71.

MICROBIOLOGY			
	Question	**Response**	**Help notes**
43	*Was this patient tested for CPE, either as screening or as part of clinical investigations?	Yes / No / Unknown	If more than one CPE screening/clinical specimen collected, please report for the first CPE positive specimen. If all CPE screening/clinical specimens were negative then please report for the most recent.
44	*Was it a screening or clinical specimen?	Screening / Clinical / Unknown	Indicate if screening specimen or clinical specimen If more than one CPE screening/clinical specimen collected, please report for the first CPE positive specimen. If all CPE screening/clinical specimens were negative then please report for the most recent.
45	*Date CPE specimen collected		DD/MM/YYYY Date specimen collected (if single specimen). If more than one CPE screening/clinical specimen collected, please provide the date of the first CPE positive specimen. If all were negative then the date of the most recent.
46	Specimen/laboratory number assigned to specimen		Hospital laboratory number (text)
47	Indicate anatomical site specimen collected if clinical specimen		Full list of anatomical sites as drop down options in the DCS.

48	*Organism		Full list of organisms as drop down options in the DCS. Organism isolated associated with CPE positive result. If no result yet, select "Unknown/result awaited". If no organism isolated, select "No organism isolated".
49	Does phenotypic testing indicate the presence of a carbapenemase?	Yes / No / Unknown	Indicate if phenotypic testing indicates presence of a carbapenemase
50	Indicate which carbapenemase family was detected (select all that apply)	OXA-48 IMP VIM NDM KPC Unknown Other None	Indicate which carbapenemase family was detected (select all that apply)
51	If other, specify other carbapenemase family		

CPE SCREENING			
	Question	**Response**	**Help notes**
52	*CPE on admission to Trust	Yes – colonised Yes - infected No Unknown	Was the patient known to be CPE positive on admission to Trust
53	*CPE screening on admission to Trust	Yes / No / Unknown	Found to be CPE positive on admission to Trust. "Yes" if screening specimen positive, "no" if screening specimen negative, "unknown" if no screen performed.
54	*CPE on admission to ICU	Yes / No / Unknown	Known to be CPE positive on this admission to ICU i.e. communicated/identified at time of admission.
55	*ICU screen required	Yes / No / Unknown	Did patient meet requirement to be screened for CPE on ICU in accordance with your policy?
56	*ICU admission screen	Yes / No / Unknown	Was patient screened for CPE on this admission to ICU?

57	*ICU admission screen date		DD/MM/YYYY Date admission screen was taken on ICU
58	*Result of ICU admission screen	Positive / Negative / Unknown	Indicate result from ICU CPE admission screen
59	*Previous CPE	Yes – colonised Yes - infected No Unknown	Indicate if patient known to be CPE colonised/infected in 12 months prior to first day of survey
60	If previous history of CPE, specify date of most recent positive result.		DD/MM/YYYY Provide date of most recent CPE positive result (prior to ICU admission screen, if taken)
61	Previous contact with CPE	Yes / No / Unknown	Indicate if in contact with known CPE case during this admission

HEALTHCARE EXPOSURES			
	Question	**Response**	**Help notes**
62	*UK non-NHS hospital admission in previous 12 months	Yes / No / Unknown	Any hospital admissions in the UK to non-NHS hospitals in the previous 12 months
63	If yes, specify UK non-NHS hospital admission		Provide name(s) of UK non-NHS hospitals admitted to in previous 12 months (text)
64	*Healthcare overseas in previous 12 months	Yes / No / Unknown	Any hospital admissions overseas in 12 months prior to admission to the trust
65	If yes, specify where healthcare was received overseas		List countries where overseas healthcare received in previous 12 months. Full list of countries and territories as drop down options in the DCS
66	*Healthcare worker	Yes / No / Unknown	Is the patient a healthcare worker? Includes working in hospitals, care/nursing homes, hospices

	TRAVEL EXPOSURES		
	Question	**Response**	**Help notes**
67	*Overseas travel in previous 12 months (if known)	Yes / No / Unknown	Any overseas travel in 12 months prior to admission to Trust
68	*If yes, specify overseas travel (select all that apply)		List countries travelled to in previous 12 months. Full list of countries and territories as drop down options in the DCS
69	Family travel	Yes / No / Unknown	Have any family members within the same household as patient travel in the previous 12 months
70	If yes, specify family travel (select all that apply)		List countries where family members travelled in previous 12 months. Full list of countries and territories as drop down options in the DCS

	INTERVENTIONS		
	Question	**Response**	**Help notes**
71	*Has the patient undergone major surgery since admission to the Trust, on or prior to the date of interest?	Yes / No / Unknown	Indicate if patient has had major surgery during this current admission to Trust. Surgery is defined as a procedure where an incision is made (not just a needle puncture), with breach of mucosa and/or skin (not necessarily in an operating theatre). If the patient has had more than one surgery since admission, report the most recent surgery.
72	*If yes, surgery date		DD/MM/YYYY date of surgery
73	If yes, surgery type		If yes, indicate broad specialty. e.g. cardiothoracic, urology, vascular (text)
74	*Has the patient undergone endoscopy since admission to the Trust, on or prior to the date of interest?	Yes / No / Unknown	Has the patient undergone endoscopy during this admission, prior to date of interest
75	*If yes, endoscopy date		DD/MM/YYYY date of most recent endoscopy

76	If yes, endoscopy type	Colonoscopy Sigmoidoscopy Upper endoscopy/ Esophagogastroduodenoscopy (EGD) Endoscopic retrograde cholangiopancreatography (ERCP) Percutaneous endoscopic gastrostomy (PEG) Other	If yes, specify type of endoscopy
77	If other, specify endoscopy type		Text
78	*Is the patient currently receiving chemotherapy?	Yes / No / Unknown	Is the patient currently receiving chemotherapy for cancer treatment, or received chemotherapy in the four weeks prior to the date of interest
79	If yes, specify chemotherapy indication (select all that apply)		If receiving chemotherapy, specify cancer treatment site. Full list of sites/indications for chemotherapy (including 'other') as drop down options on the DCS
80	If other, specifiy chemotherapy indication		Text
81	*Is the patient currently receiving renal haemodialysis?	Yes / No / Unknown	Receiving regular renal haemodialysis or received haemodialysis in the four weeks prior to the date of interest
82	*Is there at least one CVC in situ on date of interest?	Yes / No / Unknown	Indicate if the patient had a CVC in place at the date of interest. See "Patient Details" tab for the date of interest entered.
83	If yes, CVC date		DD/MM/YYYY date of insertion. If multiple, select the insertion date of the CVC which has been in situ the longest.
84	*If no, was a CVC in situ the day before the date of interest?	Yes / No / Unknown	If no, indicate if the patient had a CVC in place in the 48 hours before the date of interest. If time is unavailable, only assess one calendar day prior to the date of interest, so that the 48 hour window is not exceeded. See "Patient Details" tab for the date of interest entered.

85	Is there at least one PVC in situ on date of interest?	Yes / No / Unknown	Indicate if the patient had a PVC in place at the date of interest. See "Patient Details" tab for the date of interest entered.
86	If yes, PVC date		DD/MM/YYYY date of insertion. If multiple, select the insertion date of the PVC which has been in situ the longest.
87	If no, was a PVC in situ the day before the date of interest?	Yes / No / Unknown	If no, indicate if the patient had a PVC in place in the 48 hours before the date of interest. If time is unavailable, only assess one calendar day prior to the date of interest, so that the 48 hour window is not exceeded. See "Patient Details" tab for the date of interest entered.
88	Is there a urinary catheter in situ on the date of interest?	Yes / No / Unknown	Indicate if the patient had a urinary catheter in place at the date of interest. See "Patient Details" tab for the date of interest entered.
89	If yes, urinary catheter date		DD/MM/YYYY date of insertion
90	If no, was a urinary catheter in situ the day before the date of interest?	Yes / No / Unknown	If no, indicate if the patient had a urinary catheter in place in the 48 hours before the date of interest. If time is unavailable, only assess one calendar day prior to the date of interest, so that the 48 hour window is not exceeded. See "Patient Details" tab for the date of interest entered.
91	*Is the patient under intubation (with or without ventilation) on the date of interest?	Yes / No / Unknown	Indicate if the patient was under intubation with or without ventilation (endotracheal/nasotracheal tube or tracheostomy) at the date of interest. See "Patient Details" tab for the date of interest entered.
92	If yes, intubation date		DD/MM/YYYY date of insertion

93	*If no, was the patient under intubation (with or without ventilation) the day before the date of interest?	Yes / No / Unknown	If no, indicate if the patient was intubated in the 48 hours before the date of interest. If time is unavailable, only assess one calendar day prior to the date of interest, so that the 48 hour window is not exceeded. See "Patient Details" tab for the date of interest entered.
94	Does the patient have a nasogastric tube on the date of interest?	Yes / No / Unknown	Indicate if the patient had an NGT in place at the date of interest. See "Patient Details" tab for the date of interest entered.
95	If yes, nasogastric tube date		DD/MM/YYYY date of insertion
96	If no, did the patient have a nasogastric tube in the day before the date of interest?	Yes / No / Unknown	If no, indicate if the patient had an NGT in place in the 48 hours before the date of interest. If time is unavailable, only assess one calendar day prior to the date of interest, so that the 48 hour window is not exceeded. See "Patient Details" tab for the date of interest entered.

ANTIMICROBIALS (1)			
	Question	**Response**	**Help notes**
97	*Has the patient received carbapenems in the four weeks prior to the date of interest?	Yes / No / Unknown	Indicate if the patient received carbapenems in the four weeks prior to the date of interest. See "Patient Details" tab for the date of interest entered.
98	If yes, specify which carbapenems (name all that apply)		Indicate which carbapenems the patient received. Full list of carbapenems as drop down options in the DCS (see appendix)

99	*Has the patient received carbapenems in the one year prior to the date of interest, but not in the four weeks prior?	Yes / No / Unknown	Indicate if the patient received carbapenems in the one year prior to the date of interest, but not in the four weeks prior. to the date of interest. See "Patient Details" tab for the date of interest entered.
100	If yes, specify which carbapenems (name all that apply)		Indicate which carbapenems the patient received. Full list of carbapenems as drop down options in the DCS (see appendix)
101	*Has the patient received 3rd generation cephalosporins in the four weeks prior to the date of interest?	Yes / No / Unknown	Indicate if the patient received 3rd generation cephalosporins in the four weeks prior to date of interest. See "Patient Details" tab for the date of interest entered.
102	If yes, specify which 3rd generation cephalosporins (name all that apply)		Indicate which 3rd generation cephalosporins the patient received. Full list of 3rd generation cephalosporins as drop down options in the DCS (see appendix)
103	*Has the patient received 3rd generation cephalosporins in the one year prior to the date of interest, but not in the four weeks prior?	Yes / No / Unknown	Indicate if the patient received 3rd generation cephalosporins in the one year prior to the date of interest, but not in the four weeks prior to the date of interest. See "Patient Details" tab for the date of interest entered.
104	If yes, specify which 3rd generation cephalosporins (name all that apply)		Indicate which 3rd generation cephalosporins the patient received. Full list of 3rd generation cephalosporins as drop down options in the DCS (see appendix)

105	*Antimicrobials prescribed and taken on the date of interest	Yes / No / Unknown	Indicate if the patient has received at least one systemic antimicrobial on the date of interest (given or planned treatment, including intermittent treatments, e.g. alternate day or medical prophylaxis). For surgical prophylaxis, check whether any surgical prophylaxis was given in the 24 hours before 8 a.m. on the day of the survey. If "yes", collect antibiotic data. See "Patient Details" tab for the date of interest entered for the patient.
106	*If yes, select the number of antimicrobials taken (1-5) and go to question 107		Indicate how many antimicrobials (up to five) were prescribed and taken on the date of interest. Please see "Patient Details" tab for the date of interest entered for the patient.
	If no, go to question 112	-	-

ANTIMICROBIALS (2)

	Question	Response 1	Response 2	Response 3	Response 4	Response 5	Help notes
		For each of the number of antimicrobials prescribed and taken on the date of interest (see question 106):					
107	*Antimicrobial name						Select which antimicrobial. If more than 5, prioritise entry of named antibiotic agents from the list, up to the maximum of 5. After which, if patient is taking 1 (or more) antifungal or antiviral agents select 'Any antifungal agent' or 'Any antiviral agent' from the drop-down menus. Full list of antimicrobials as drop down options in the DCS (see appendix).
108	*Indication for antimicrobial	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication UI = unknown indication (confirmed)	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication UI = unknown indication (confirmed)	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication UI = unknown indication (confirmed)	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication UI = unknown indication (confirmed)	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication UI = unknown indication (confirmed)	Please give indication for this antimicrobial

		UNK = unknown or missing information	UNK = unknown or missing information	UNK = unknown or missing information	UNK = unknown or missing information	UNK = unknown or missing information	
109	*CPE indication for antimicrobial	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Is this antimicrobial prescribed to manage CPE?
110	*Start date for antimicrobial						DD/MM/YYYY Start date of the antimicrobial. If the antimicrobial was already given on admission to hospital, provide the date of admission.
111	Antibiotic stewardship	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Is antimicrobial prescription in line with local guidelines

END

	ANTIMICROBIALS (3)		
	Question	**Response**	**Help notes**
112	*Antimicrobials prior to the date of interest	Yes / No / Unknown	Indicate if the patient has received at least one systemic antimicrobial during this hospital admission which was no longer being given on the date of interest. Please see "Patient Details" tab for the date of interest entered for the patient.
113	*If yes, select the number of antimicrobials taken (1-5) and go to question 114		Indicate how many systemic antimicrobials the patient has received since admission to hospital, but prior to the date of interest. If more than 5 antimicrobials were prescribed, please enter details for the most recent 5. Please see "Patient Details" tab for the date of interest entered for the patient.
	If no, END	-	-

ANTIMICROBIALS (4)						
	For each of the antimicrobials prescribed and taken this admission, but no longer taken on the date of interest (see question 113):					
	Question	Response 1	Response 2	Response 3	Response 4	Response 5	Help notes
114	*Antimicrobial name (before date of interest)						Select which antimicrobial. If more than 5, prioritise entry of named antibiotic agents from the list, up to the maximum of 5. After which, if patient is taking 1 (or more) antifungal or antiviral agents select 'Any antifungal agent' or 'Any antiviral agent' from the drop-down menus. Full list of antimicrobials as drop down options in the DCS (see appendix).
115	Indication for antimicrobial (before date of interest)	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication	CI = treatment of community-acquired infection LI = treatment of infection acquired in long-term care facility (e.g. nursing home) HI = treatment for acute hospital-acquired infection SP = surgical prophylaxis MP = medical prophylaxis O = other indication	Please give indication for this antimicrobial

		UI = unknown indication (confirmed) Unknown	UI = unknown indication (confirmed) Unknown	UI = unknown indication (confirmed) Unknown	UI = unknown indication (confirmed) Unknown	UI = unknown indication (confirmed) Unknown	
116	*CPE indication for antimicrobial (before date of interest)	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Was this prescribed to manage CPE (before the date of interest). Please see "Patient Details" tab for the date of interest entered for the patient.
117	Start date for antimicrobial (before date of interest)						DD/MM/YYYY Start date of the antimicrobial. If the antimicrobial was already given on admission to hospital, provide the date of admission.
118	Antibiotic stewardship (before date of interest)	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Yes / No / Unknown	Is antimicrobial prescription in line with local guidelines

END