**Public Health England**

# SURVEILLANCE OF BLOODSTREAM INFECTIONS
# IN INTENSIVE CARE UNITS

**IN STRICT CONFIDENCE**          *Please tick boxes or write in the white space(s) provided*

## EPISODE DETAILS

**ORGANISATION DETAILS**

**Critical Care Unit**

**SPECIMEN DETAILS**

**Specimen Date (DD/MM/YYYY):**

**Specimen Time (HH:MM, 24 hr clock):**

**Specimen No:**

**PATIENT DETAILS**

| | | |
|---|---|---|
| **NHS Number:** | **Hospital Number:** | |
| **Forename:** | **Patient Postcode:** | |
| **Surname:** | | |

**Gender:**          **Male**          **Female**          **Unknown**

**ADMISSION DETAILS**

**ICU Admission Date (DD/MM/YYYY):**

**ICU Admission Time (HH:MM, 24 hr):**

## POSITIVE BLOOD CULTURES

**ORGANISM DETAILS**

**How many organisms were cultured from the same culturing bottle set? (1/2/3/4):**

**Organism 1:**

**Organism 2:**

**Organism 3:**

**Organism 4:**

## CLINICAL SYMPTOMS

**Did the patient have any signs or symptoms at the time the specimen was taken?:**

**If yes**, what type of critical care unit was the patient in the care of?:

| Adult | Paediatric | Neonatal |
|---|---|---|
| (>=13 yrs) | (>28 days to <13 yrs) | (<=28 days or >28 days but still on neonatal ward) |

**If Adult**:

**What signs/symptoms was the patient experiencing at the time the specimen was taken? Please tick all that apply.**

| Fever | Chills/ | Low SBP |
|---|---|---|
| >38 deg C | rigors | (systolic blood pressure) |

*Clinical Symptoms continues on next page*

**If Paediatric:**

**What signs/symptoms was the patient experiencing at the time the specimen was taken? Please tick all that apply.**

| | | | |
|---|---|---|---|
| Tachycardia | | Elevated respiratory rate | |
| Bradycardia (<1 yr only) | | Leukocyte (elevated/depressed for age) | |
| Temperature >38.5 deg C or <36 deg C | | Enter leukocyte count | |

**If Neonatal:**

**What signs/symptoms was the patient experiencing at the time the specimen was taken? Please tick all that apply.**

| | | | |
|---|---|---|---|
| C-reactive protein >2.0 mg /dL | | Metabolic acidosis [base deficit < - 10 mmol/L] | |
| Immature/ total neutrophil ratio (I/T ratio) >0.2 | | Hyperglycaemia | |
| Leukocytes <5/nL | | Lethargy/irritability/ poor handling/apathy | |
| Temperature >38 deg C or <36.5 deg C | | Increased oxygen requirement or ventilator support/Tachypnoea | |
| Platelets <100/nL | | Ileus/onset of feed intolerance | |
| Tachycardia | | Fall in urine output | |
| Bradycardia | | Hypotension | |
| Apnoea | | Glucose intolerance | |
| Temperature instability | | | |
| Impaired peripheral perfusion (CRT > 3s pallor/mottling/core-peripheral/ temp gap >2 deg C) [Extended recapillarisation time] | | | |

# REPEAT POSITIVE BLOOD CULTURE

**PLEASE ENTER ANY REPEAT POSITIVE BLOOD CULTURE DATA FOR THE FOLLOWING COMMON SKIN COMMENSALS ONLY WHEN YOU HAVE REPORTED THE SAME ORGANISM IN "ORGANISM DETAILS"**

**Were the following organisms cultured in the same blood culture bottle set? Please tick all that apply:**

| | Yes | No repeat blood sample taken | No, blood sample taken but negative |
|---|---|---|---|
| *Aerococcus* species | | | |
| *Bacillus* species, other | | | |
| *Corynebacterium* species | | | |
| *Micrococcus* species | | | |
| *Propionibacterium* species | | | |
| Coagulase-negative Staphylococi, not specified | | | |
| *Staphylococcus epidermidis* | | | |
| *Staphylococcus haemolyticus* | | | |
| Coagulase-negative *Staphylococi* , other | | | |
| *Streptococcus* (Viridans Group) | | | |

**REPEAT POSITIVE BLOOD CULTURE DETAILS (if any of the responses above were "Yes" or "No, blood sample taken but negative"):**

| | |
|---|---|
| Was the repeat blood sample taken within 2 days/48 hours of the first positive specimen date?: | |
| **If yes:** | |
| What was the date of the repeat positive blood culture? | |
| What was the time the blood culture was taken? | |

## TREATMENT

| | Yes | No | Don't know |
|---|---|---|---|
| Did this positive blood culture require treatment with a course of antimicrobial therapy?: | | | |

## CVC DATA

**CVC DETAILS**

| | Yes | No | |
|---|---|---|---|
| Was a CVC in situ for at least 2 days at the time the first blood culture was taken?: | | | |
| If no, was the CVC removed the day before the first blood culture was drawn?: | | | |

If either of the questions above were answered yes, please complete the following details:

| | Yes | No | Not applicable |
|---|---|---|---|
| Quantitative CVC culture( >=10^3 CFU/ml) or semi-quantitative culture (>15CFU) if the same organism(s) obtain? | | | |
| Quantitative blood culture ratio CVC blood sample/peripheral blood sample > 5, with same organism(s) obtained? | | | |
| Differential delay of positivity of blood culture drawn at same time (CVC sample positive>=2 hours before PVC)? | | | |
| Positive culture with same micro-organism from pus from insertion site? | | | |
| Symptoms improve within 48 hours of removal of CVC? | | | |

## SOURCE OF INFECTION

**SOURCE OF INFECTION DETAILS**

| | Yes | No | No data available |
|---|---|---|---|
| Was there evidence of an infection (excluding CVC) at another site?: | | | |

**If yes**, please answer the following questions:

What level is the evidence for this infection being the source for the blood stream infection? Please tick all that apply:

| | |
|---|---|
| Microbiologically confirmed (same organism, different site) | |
| Clinical syndrome | |
| Radiological or other diagnostic procedure | |

Which is the most likely site?

| | | | |
|---|---|---|---|
| Pulmonary | | Digestive (inc. liver) | |
| Skin/soft tissue | | Central nervous system | |
| Genito-urinary | | Surgical site infection | |
| Bone/joint | | Cardio-vascular system | |
| Other | | If other, please specify: | |