

Patient ID label

Central Line Associated Bloodstream Infection (CLABSI)

Repeated central line insertion during the same ICU admission? Yes No

If yes, mention order:.....

CLABSI risk factors

Type of central line:

- Non-tunneled
- Tunneled
- Port-A-cath
- Peripheral percutaneous (PICC)

Site :

- Jugular
- Subclavian
- Femoral
- Umbilical vein
- Umbilical artery
- Other :.....

Lumen :

- Single
- Multiple

Who inserted the central line:

- ICU Doctor
- Anesthesiologist
- Nurse
- House officer
- Other (mention):
.....

Date of central line insertion:

__/__/__

Was the central line removed before discharge from ICU ?

- Yes No

If yes, Date of catheter removal :

__/__/__

Central line associated bloodstream infection (CLABSI) criteria

	Suspect CLABSI 1	Suspect CLABSI 2	Suspect CLABSI 3
Date of suspect CLABSI (Write the date when the first clinical evidence of the CAUTI appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first)/...../...../...../...../...../.....

Clinical criteria

Fever > 38 °C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypotension (systolic BP < 90 mmHg)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypothermia < 37°C rectal (in infant ≤1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apnea (in infant ≤1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bradycardia (in infant ≤1 year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Laboratory criteria

No bacterial growth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation of known blood pathogen from one or more blood cultures AND the isolated pathogen is not related to an infection at another site	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common skin contaminant (e.g., diphtheroids, Bacillus sp., Propionibacterium sp., coagulase- negative staphylococci, or micrococci) is cultured from two or more blood cultures drawn on separate occasions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do the patient's criteria meet CLABSI case definition? (Use CDC case definition of CLABSI for decision)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention the isolated organism(s): 1-..... 2-.....	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention the isolated organism(s): 1-..... 2-.....	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention the isolated organism(s): 1-..... 2-.....
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Denominators for Intensive Care Unit (ICU)

Month:

Year:

Day	Number of patients	Number of patients with one or more central lines	Number of patients with a urinary catheter	Number of patients on a ventilator
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