

**Central Line Associated Blood Stream Infection Form**

Patient Information				
*Medical Record No (MRN):		*National ID/IQAMA:		*Client HESN ID:
Patient Name (4 names)			*Gender: F <input type="checkbox"/> M <input type="checkbox"/>	Age:
Nationality (Specify):		Country:	Region/Health Affairs:	
Telephone No:		Mobile No:	Additional ID:	
Address type: Primary home <input type="checkbox"/> No fixed address <input type="checkbox"/> temporary address <input type="checkbox"/> postal address <input type="checkbox"/> vacation home <input type="checkbox"/>				
*Date Admitted to Facility:			*Location(Area/Unit):	

**CLABSI (according to current CDC/NHSN Criteria's and Definition)**

**Event Date (DD/MM/YYYY):** \_\_\_\_\_

**Patient had a CL at the time of or within 2 calendar days before BSI diagnosis?** Yes  No

**Laboratory**  
 Recognized pathogen from one or more blood culture  
 Common commensal from > 2 blood cultures

**Specify Signs and Symptoms:**

Any Patient	Age ≤ 1 year	Underlying conditions for MBI-LCBI
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Allo-SCT with Grade ≥ 3 GI GVHD
<input type="checkbox"/> Chills	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Allo-SCT with diarrhea
<input type="checkbox"/> Hypotension	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Neutropenia (WBC or ANC < 500 cells mm <sup>3</sup> )
	<input type="checkbox"/> Apnea	

Other clinical features specify) \_\_\_\_\_

**Lab Confirmed BSI criteria:**  
 Criterion-1 LCBI  Criterion-2 LCBI  Criterion-3 LCBI

Is the patient in NICU? Yes  No   
 In NICU, BSI was associated with  
 Non-umbilical catheter  Umbilical catheter  
 Birth Wt. (Grams) ..... Gestational age (Weeks).....

**Date of Onset of First Signs and Symptoms (DD/MM/YYYY):** \_\_\_\_\_

**BSI Diagnosed after a Procedure?** Yes  No

Procedure Name				
Craniotomy	Limb amputation	Gallbladder surgery	Abdominal hysterectomy	Open reduction of fracture
Cesarean section	Appendix surgery	Colon surgery	Knee prosthesis	Abdominal aortic aneurysm repair
Spinal fusion	Shunt for dialysis	Heart transplant	Kidney transplant	Bile duct, liver or pancreatic surgery
Gastric surgery	Breast surgery	Liver transplant	Neck surgery	Laminectomy
Herniorrhaphy	Cardiac surgery	Carotid endarterectomy	Hip prosthesis	
Coronary artery bypass graft with both chest and donor site incisions		Coronary artery bypass graft with chest incision only		

**Procedure Date: (DD/MM/YYYY):** \_\_\_\_\_

Hospitalization Death: Yes  No       Death Date: \_\_\_\_\_      BSI Contributed to Death: Yes  No

Pathogens Identified: Yes  No       If YES, specify on next page

### ORGANISM AND SENSITIVITY

Patient's Name:	MRN:	Unit/Ward:
Age:	Gender: M/F	Date/Time of Specimen Collection:
Date /Time of Record:		
Type of Specimen: <input type="checkbox"/> Sputum <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> blood <input type="checkbox"/> Urine <input type="checkbox"/> BAL <input type="checkbox"/> Body tissue <input type="checkbox"/> Wound swab <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Body fluids <input type="checkbox"/> Others <input type="checkbox"/> Stool		

Name of Organism/s:

#### ANTIMICROBIAL SENSITIVITY:

For Gram Positive Organism	For Gram Negative organism		For Fungus Organism	For Mycobacterial Organism
1. Ciprofloxacin	1. Amikacin	16. Colistin	1. Amifulafungin	1. Ciprofloxacin
2. Levofloxacin	2. Ampicillin	17. Polymycin B	2. Caspofungin	2. Isoniazid
3. Moxifloxacin	3. Ampicillin sulbactam	18. Ertapenem	3. Fluconazole	3. Rifampicin
4. Clindamycin	4. Aztreonam	19. Gentamicin	4. Flucytosine	4. Ethambutol
5. Daptomycin	5. Amoxiclav	20. Imipenem	5. Iitraconazole	5. Pyrazinamide
6. Doxycycline	6. Cefazolin	21. Meropenem	6. Micafungin	6. Clarithromycin
7. Minocycline	7. Cefepime	22. Doripenem	7. Variconazole	7. Capreomycin
8. Erythromycin	8. Cefotaxime	23. Piperacillin/Tazobactam		8. Cycloserine
9. Gentamicin	9. Cefuroxime	24. Tetracycline		9. Kanamycin
10. Linezolid	10. Ceftriaxone	25. Doxycycline		10. Amikacin
11. Oxacillin	11. Ceftazidime	26. Minocycline		11. Streptomycin
12. Cefoxitin	12. Cefoxitin	27. Tigecycline		
13. Methicillin	13. Cefotetam	28. Levofloxacin		
14. Rifampicin	14. Ciprofloxacin	29. Moxifloxacin		
15. Tetracycline	15. Trimethoprim Sulfamethoxazole	30. Tobramycin		
16. Trimethoprim Sulfamethoxazole				
17. Vancomycin				

• Write for every antibiotic according to their sensitivity: **S- Susceptible**    **I- Intermediate**    **R- Resistant**    **NT- not tested**