HOSPITAL-ACQUIRED INFECTIONS (HAIS) DATA COLLECTION FORM FOR MAURITIUS

JAN 2025

TITLE: Point Prevalence Survey on Hospital-Acquired Infections and on Antimicrobial Use in the Public Sector of Mauritius

The aim of this study is to investigate the prevalence of hospital-acquired infections (HAIs) in public healthcare facilities across Mauritius as well as to determine the consumption rate of antibiotics.

HAIs, also known as nosocomial infections, are infections that patients acquire during their stay in hospitals. Understanding the extent and patterns of HAIs is crucial for improving patient safety and healthcare quality. This study will assess the prevalence of HAIs, analyze patient demographics, and evaluate the feasibility of conducting such surveys in Mauritius. It will also explore the use of electronic tools for data collection and assess the impact of HAIs on patient outcomes.

* Indicates required question

1. Email *

Section A: Patient Information

Please provide the demographic details of this patient

2. A.1. What are the patient's initials (**BLOCK LETTERS**- surname followed by first name)? *

3. A.2. Unit number of the patient *

Use of **BLOCK** letters
Write it the same way each time
Do not keep space in between

4. A.3. Date of admission *

Example: January 7, 2019

5. A.4. Date of Birth

Example: January 7, 2019

6. A.5. How old is the patient? *

For neonates under 28 days old, please specify the age in **days**.
For infants under 1 year old, please specify the age in **months**.
For adults and child more than 1 year just write the **number** (1,56,..)

7. A.6. What is the gender of the patient? *

Mark only one oval.

- Male
- Female

8. A.7. The patient is admitted in which hospital? * Dropdown

Mark only one oval.

- Jawaharlal Nehru Hospital
- Sir Seewoosagur Ramgoolam National Hospital
- Victoria Hospital
- Dr Bruno Cheong Hospital
- Dr AG Jeetoo Hospital
- Long Mountain Hospital
- Poudre d' Or Village Chest Hospital
- Moka eye Hospital
- Brown Sequard Mental Health Care
- Sir Aneerood Jugnauth Hospital
- New Cancer Centre
- New Souillac Hospital
- Mahebourg Hospital

9. A.8. In which ward is this patient admitted? (**Kindly write it properly the same way each time ex. 1-2 or 2-4 not 1.2 nor 1.2, for other wards write in Block letters MICU...**) *

_____

10. A.9. What is the bed number of this patient?

_____

11. A.10. In which department is the patient admitted? * Dropdown

Mark only one oval.

- ICU
- Adult ICU
- Cardiac
- Surgical
- Orthopedics
- Pediatrics
- Gynecology/ Obstetric
- Medical
- Neurology
- Neuro surgery
- Oncology
- Ophtalmology
- ENT
- Spine unit
- HDU
- Renal transplant ICU
- Pediatric ICU
- Neonatal ICU
- ICU Burns
- Others

Section B: Inclusion Criteria for the Study

12. Is the patient currently receiving antibiotic treatment? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 221*

Section C: Hospital Acquired infection

Is the patient having a **Hospital Acquired infection or hospital acquired neonatal sepsis?**

13. Is the patient a neonate under 28 days old or was the neonate 28 days old at any point within the last 14 days? * Dropdown

Mark only one oval.

- No
- Yes *Skip to question 123*

Section C: HAI

I. Clinical symptoms - FEVER

(T ≥ 38°C in the vitals signs sheet, patient complaining of subjective fever or fever reported by a doctor in the case sheet)

14. Has the patient experienced fever (T ≥ 38°C in the vitals signs sheet, patient complaining of subjective fever or fever reported by a doctor in the case sheet) over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 20*

Section C: HAI

I. Clinical symptoms - FEVER

(T ≥ 38°C in the vitals signs sheet, patient complaining of subjective fever or fever reported by a doctor in the case sheet)

15. If yes, when did the **most recent** episode of fever occur?

_____

Example: January 7, 2019

16. Has the patient presented **previous episodes of fever** during this hospitalisation? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 20*

Skip to question 17

Section C: **HAI**

I. Clinical symptoms - FEVER

(T **≥** 38°C in the vitals signs sheet, patient complaining of subjective fever or fever reported by a doctor in the case sheet)

17. When did the **previous episode** of fever occur ?

_____

Example: January 7, 2019

18. Was there another episode of fever **prior to the one mentioned above**? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 20*

Section C: **HAI**

I. Clinical symptoms - FEVER

(T **≥** 38°C in the vitals signs sheet, patient complaining of subjective fever or fever reported by a doctor in the case sheet)

19. When did it occur ?

Example: January 7, 2019

Section C: **HAI**

II:

Biological symptoms
1- Leukocytosis WCC >12, 000/mm3

20. Did the patient have a high white blood cell count (> 12,000 WBC/ mm³) in the last 2 weeks? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 23*

Section C: **HAI**

II: Biological symptoms
1- Leukocytosis WCC >12, 000/mm3

21. If yes, when was the patient's **first event** of an increase in white blood cell count (>12,000 WBC/ mm³) in the last 2 weeks? *

Example: January 7, 2019

22. When was the **highest WCC** recorded in the past 14 days? *

Example: January 7, 2019

Section C: HAI

II: Biological symptoms
2. Leukopenia WCC< 4000/mm3

23. Did the patient have a **low white blood cell count** (<4000 WBC/ mm³) in the last 2 weeks? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 26*

Section C: HAI

II: Biological symptoms
2. Leukopenia WCC< 4000/mm3

24. If yes, when was the patient's **first event** of a decrease in white blood cell count (**< 4000/mm3**) in the last 2 weeks? *

_____
Example: January 7, 2019

25. When was the **lowest WCC** recorded in the past 14 days? *

_____
Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

I:

Foley urinary catheter

26. Has the patient had a Foley urinary catheter inserted or indwelled in the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 49*

Section D: Urinary Tract Infections (UTI)

I: Foley urinary catheter

27. If yes, when was it inserted? *

_____

Example: January 7, 2019

28. Is the Foley urinary catheter still in place? * Dropdown

Mark only one oval.

- Yes *Skip to question 30*
- No

Section D: Urinary Tract Infections (UTI)

I: Foley urinary catheter

29. If No, when has it been removed? *

_____

Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
b) Dysuria

30. Was the patient having dysuria over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 32*

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
b) Dysuria

31. If yes, when was the date of onset?

_____
Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
a) Polyuria

32. Was the patient having urinary urgency over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 34*

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
a) Polyuria

33. If yes, when did it start?

_____
Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
a) Polyuria

34. Was the patient having an increase in urinary frequency over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 36*

Section D: Urinary Tract Infections (UTI)

II: UTI Symptoms
a) Polyuria

35. If yes, when did it start?

_____
Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

III: Clinical Examination

36. Did the patient have suprapubic pain or tenderness over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 38*

Section D: Urinary Tract Infections (UTI)

III: Clinical Examination

37. If yes, when has it begin?

_____
Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

III: Clinical Examination

38. Did the patient have costovertebral angle pain or tenderness over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 40*

Section D: Urinary Tract Infections (UTI)

III: Clinical Examination

39. If yes, when was the date of onset?

_____

Example: January 7, 2019

Section D: Urinary Tract Infections (UTI)

IV: Urine MCS

40. Was a urine sample sent for culture over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 49*

Section D: Urinary Tract Infections (UTI)

IV: Urine MCS

41. If yes, when was the most recent specimen sent?

_____

Example: January 7, 2019

42. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Group A Streptococcus	☐
Streptococcus viridans	

Streptococcus viridans	☐
Enterobacter sp	☐
Other non commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

43. Was another urine specimen collected before the above sample? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 49*

Section D: Urinary Tract Infections (UTI)

IV: Urine MCS

44. If yes, when was the previous urine sample collected?

Example: January 7, 2019

45. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] Report not available

46. Was a third urine sample collected prior to the above sample? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 49*

Section D: Urinary Tract Infections (UTI)

IV: Urine MCS

47. When was the 3rd last urine sample collected?

Example: January 7, 2019

48. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] report not available

Section E: CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

49. **Did the patient have a central line over the last 14 days?** * Dropdown

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 70*

Section E: CLABSI

50. If yes, when was the last central line inserted? *

Example: January 7, 2019

51. Has that line been removed? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 53*

Section E: CLABSI

52. If yes, when was it removed?

_____

Example: January 7, 2019

I: CLABSI- Symptoms

b) Chills

53. Did the patient have chills over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 55*

I: CLABSI- Symptoms

b) Chills

54. If yes, when did it occur?

_____

Example: January 7, 2019

I: CLABSI- Symptoms

c) Hypotension

55. Did the patient develop hypotension (**SBP<90mmHg** or **need for inotropes**) over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 57*

I: CLABSI- Symptoms

c) Hypotension

56. If yes, when was the first episode of hypotension during the past 14 days?

Example: January 7, 2019

Section E: CLABSI

II: Blood Cultures

57. Was a blood specimen or tip of the catheter sent for culture over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 66*

Section E: CLABSI

II: Blood Cultures

58. If yes, when was the most recent blood specimen or tip of the catheter sent? *

Example: January 7, 2019

59. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non-commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] Report not available

60. Has any other blood specimen or tip of the catheter been collected over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 66*

Section E: CLABSI

II: Blood Cultures

61. If yes, when was the previous blood sample or tip of the catheter collected?

Example: January 7, 2019

62. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Enterobacter sp.
- [ ] Enterobacter sp.
- [ ] Mixed growth
- [ ] None
- [ ] report not available
- [ ] report not available

63. Has a third blood sample or tip of the catheter been collected prior to the second most recent sample? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 66*

Section E: CLABSI

II: Blood Cultures

64. When was the 3rd last blood sample or tip of the catheter collected?

Example: January 7, 2019

65. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non-commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] Report not available

Section E: CLABSI

III. Other cultures

66. Over the last 14 days and before the most recently taken blood culture, have specimens been taken for other cultures i.e., not for blood cultures? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 70*

Section E: CLABSI

III. Other cultures

67. If yes, please choose among the following?

Check all that apply.

- [ ] urine culture
- [ ] wound swab
- [ ] sputum culture
- [ ] ETT culture
- [ ] CSF culture
- [ ] Tip of CVC culture

68. When was sample collected?

_____

Example: January 7, 2019

69. Which organism was/were identified in any of the above cultures?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] Report not available

Section F: SURGICAL SITE INFECTION (SSI)

70. **Has the patient had surgery in the last 6 weeks?** * Dropdown

Mark only one oval.

- ( ) Yes
- ( ) No *Skip to question 97*

Section F: SSI

I. Surgical procedure details

71. If yes, when was the last surgery (**excluding**: wound debridement and secondary suturing of **infected wound**)?

Example: January 7, 2019

72. What was the type of surgery? *

Check all that apply.

- [ ] General Surgery
- [ ] Cardiothoracic Surgery
- [ ] Neurosurgery
- [ ] Orthopedic Surgery
- [ ] Plastic and Reconstructive Surgery
- [ ] Gynecological /obstetric Surgery
- [ ] Urological Surgery
- [ ] Vascular Surgery
- [ ] Pediatric Surgery
- [ ] Ophthalmic Surgery
- [ ] ENT (Ear, Nose, and Throat) Surgery
- [ ] Transplant Surgery
- [ ] Minimally Invasive Surgery (Biopsy/Incision & Drainage /Drain insertion/insertion of tracheostomy)
- [ ] Trauma Surgery
- [ ] Bariatric Surgery

73. What were the surgical sites? *

Mark only one oval.

- ◯ head and neck
- ◯ thorax
- ◯ abdomen
- ◯ pelvis
- ◯ upper extremities
- ◯ lower extremities
- ◯ spine
- ◯ vascular sites

74. How do you classify the surgical wound? *

- **Clean (Class I)**: No entry into respiratory, GI, genital, or uninfected urinary tracts; no infection or break in sterile technique.
- **Clean-Contaminated (Class II)**: Controlled entry into respiratory, GI, genital, or urinary tracts; minor breaks in sterile technique.
- **Contaminated (Class III)**: Open, fresh, accidental wounds; major breaks in sterile technique; gross spillage or acute, non-purulent inflammation.
- **Dirty or Infected (Class IV)**: Existing infection, perforated viscera, or heavily contaminated wounds.

Dropdown

Mark only one oval.

- ◯ Clean (Class I)
- ◯ Clean-Contaminated (Class II)
- ◯ Contaminated (Class III)
- ◯ Dirty or Infected (Class IV)

Section F: SSI

I: Signs & Symptoms
a) Localised pain / tenderness

75. Did the patient experience localised pain or tenderness at the site of surgery? *

Dropdown

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 77*

Section F: SSI

I: Signs & Symptoms
a) Localised pain / tenderness

76. If yes, when was the date of onset?

_____

Example: January 7, 2019

Section F: SSI

I: Signs & Symptoms
b) Localised swelling

77. Was there localised swelling or erythema at the site of surgery? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 79*

Section F: SSI

I: Signs & Symptoms
b) localised swelling

78. If yes, when was the date of onset?

_____

Example: January 7, 2019

Section F: SSI

I: Signs & Symptoms
c) Local temperature

79. Did the patient or doctor note an increase in local temperature at the site of surgery? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 81*

Section F: SSI

I: Signs & Symptoms
c) Local temperature

80. If yes, when was the date of onset?

Example: January 7, 2019

Section F: SSI

I: Signs & Symptoms
d) Discharge from site of surgery

81. On examination, was there pus discharge from the **site** of surgery? *

Mark only one oval.

- Yes
- No *Skip to question 83*

Section F: SSI

I: Signs & Symptoms
d) Discharge from site of surgery

82. If yes, when was the date of onset?

Example: January 7, 2019

Section F: SSI

Classification of the infected wound

83. Did the postoperative wound show signs of dehiscence? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 85*

84. If the wound is infected, how do you classify it based on its depth? *
Superficial: infection involves only skin and subcutaneous tissue of the incision
Deep incisional: infection involves deep soft tissue (for example, fascia, muscle) of the incision Dropdown
Organ/space: infection involves any part of the anatomy (for example, organs and spaces) other than the incision that was opened or manipulated during a surgical procedure

Mark only one oval.

- Superficial: infection involves only skin and subcutaneous tissue of the incision
- Deep incisional: infection involves deep soft tissue (for example, fascia, muscle) of the incision
- Organ/space: infection involves any part of the anatomy (for example, organs and spaces) other than the incision that was opened or manipulated during a surgical procedure

Section F: SSI

II: Hospitalisation History

85. Did the patient undergo wound debridement or incision and drainage of that surgical site? *

Mark only one oval.

- Yes
- No *Skip to question 87*

Section F: SSI

II: Hospitalisation History

86. If yes, when did occur?

_____

Example: January 7, 2019

Section F: SSI

IV: Imaging Report

87. Was there any evidence of an infection on radiological imaging at the site of surgery? * Dropdown

Mark only one oval.

- Yes
- No

Section F: SSI

V. Pus Cultures

88. Was a pus swab, aspirate from surgical drain or intra-operative specimen from the surgical site sent for culture? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 97*

Section F: SSI

V. Pus Cultures

89. If yes, when was the most recent specimen from that surgical wound sent?

_____

Example: January 7, 2019

90. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp	☐
Other non commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

91. Has any other pus swab, aspirate from surgical drain or intra-operative specimen from the surgical site been collected for culture previously? *

Dropdown

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 97*

Section F: SSI

V. Pus Cultures

92. If yes, when was the previous specimen sent for culture?

_____

Example: January 7, 2019

93. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp.	☐
Other non commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

94. Has a third pus swab, aspirate from surgical drain or intra-operative specimen from the surgical site been collected for culture prior to the second most recent swab? *

Dropdown

Mark only one oval.

- Yes
- No *Skip to question 97*

Section F: SSI

V. Pus Cultures

95. If yes, when was the third last specimen sent for culture?

Example: January 7, 2019

96. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Enterobacter sp.
- [ ] Other commensal organism
- [ ] Other commensal organism
- [ ] Other non commensal organism
- [ ] Other non commensal organism
- [ ] None
- [ ] None
- [ ] Mixed growth
- [ ] Mixed growth
- [ ] report not available
- [ ] report not available

Section G: VENTILATOR-ASSOCIATED PNEUMONIA (VAP)

I: Mechanical Ventilation

97. Was the patient on mechanical ventilation for more than 48 hours during the last 14 days? *

Mark only one oval.

- ( ) Yes
- ( ) No *Skip to question 183*

Section G VAP

I: Mechanical Ventilation

98. If yes, when was the patient placed on mechanical ventilation?

_____

Example: January 7, 2019

Section G: VAP

I: Mechanical Ventilation

99. Has the patient been extubated recently? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 101*

Section G: VAP

I: Mechanical Ventilation

100. If yes, when was the patient extubated?

_____

Example: January 7, 2019

Section G: Clinical classification of VAP according to age

101. In which category is this patient? *

Mark only one oval.

- between 1 month to 12 months *Skip to question 102*
- > 12 months to less or equal to 16 years old *Skip to question 106*
- >16 years old / adults *Skip to question 108*

Section G: VAP INFANTS

II. Clinical signs and symptoms
Worsening gas exchange

102. Did the infant have any of the following respiratory signs over the last 14 days? *

Check all that apply.

- [ ] Oxygen desaturation (SpO2<94%)
- [ ] Increase oxygen requirements (increase FiO2 by 20% in the last 24hrs)
- [ ] Increase ventilator demand (increase PEEP by 3cmH2O in the last 24hrs)
- [ ] none

103. When did the above respiratory signs begin?

_____

Example: January 7, 2019

Section G: VAP in Infants

II. Clinical signs and symptoms

104. Did the infant have the following signs and symptoms over the last 14 days? *

Check all that apply.

- [ ] fever (>38.0°C), hypothermia (<36.5°C), or temperature instability
- [ ] leucopenia (<4000 WBC/mm3) or leucocytosis (≥15,000 WBC/mm3) with left shift (≥10% band forms)
- [ ] new onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements
- [ ] apnoea or dyspnoea (tachypnoea, nasal flaring, retraction of chest wall, grunting)
- [ ] wheezing, rales, or rhonchi
- [ ] cough
- [ ] bradycardia (<100/min) or tachycardia (>170/min)

105. When did the above mentioned signs and symptoms begin? *

_____

Example: January 7, 2019

Skip to question 110

Section G: VAP in Children

II. Clinical signs and symptoms

106. Was the child having the following signs and symptoms over the last 14 days? *

Check all that apply.

- [ ] fever (>38.4°C) or hypothermia (<36.5°C)
- [ ] leukopenia (<4000 WBC/mm3) or leucocytosis (≥15,000 WBC/mm3)
- [ ] new onset of purulent sputum or change in character of sputum or increased respiratory secretions or increased suctioning requirements
- [ ] new onset or worsening cough or dyspnoea, apnoea, or tachyponea
- [ ] rales or bronchial breath sounds
- [ ] worsening gas exchange (SaO2 ↓; O2 requirement ↑; Ventilation parameters ↑)

107. When did the above mentioned signs and symptoms begin? *

_____

Example: January 7, 2019

Skip to question 110

Section G: VAP

II. Clinical signs and symptoms
A) Hypoxia

108. Was the patient having any of these respiratory signs over the last 14 days? *

Mark only one oval.

- ◯ Dyspnea
- ◯ Tachypnea (RR>20 cycles/min))
- ◯ Crackles or bronchial breath sounds
- ◯ Oxygen desaturation (SpO2<94% or decrease from baseline SpO2> 3%)
- ◯ Increase oxygen requirements (increase in FiO2 by 20% in the last 24hrs)
- ◯ Increase ventilator demand (increase PEEP by 3cmH2O in the last 24hrs)
- ◯ none

Section G: VAP

II. Clinical signs and symptoms
b) Hypoxia

109. When did the above respiratory signs begin?

_____

Example: January 7, 2019

Section G: VAP

IV. Microbiological Indicators

110. Was an endotracheal aspirate sample taken for culture over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section G: VAP

IV. Microbiological Indicators

111. If yes, when was the most recent specimen sent?

_____

Example: January 7, 2019

112. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] report not available

113. Has any other respiratory specimen been collected previously? *

Mark only one oval.

- ( ) Yes
- ( ) No *Skip to question 196*

Section G: VAP

IV. Microbiological Indicators

114. If yes, when was the previous endotracheal aspirate sample collected?

_____

Example: January 7, 2019

115. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non-commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] report not available

116. Has a third endotracheal aspirate sample been collected prior to the second most recent sample?

Mark only one oval.

- ( ) Yes
- ( ) No *Skip to question 196*

Section G: VAP

IV. Microbiological Indicators

117. When was the 3rd last endotracheal aspirate sample collected?

Example: January 7, 2019

118. Which organism was/were identified ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp.	☐
Other non commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

Section G: VAP

II. Radiology

119. Has the patient undergone any CXR or CT chest in the last 14 days? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 196*

Section G: VAP

II. Radiology

120. Was there any signs of pneumonia on the CXR or CT during the last 14 days?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 196*

121. If yes, when was that imaging done?

Example: January 7, 2019

122. Was the patient admitted with Pneumonia? * Dropdown

Mark only one oval.

- Yes *Skip to question 196*
- No *Skip to question 196*

Section H. Hospital-Acquired Neonatal Sepsis

123. **1. What is the gestational Age of the patient at birth in Weeks?** Dropdown

Mark only one oval.

- < 24 Weeks
- 24-28 Weeks
- 29-32 Weeks
- 33-36 Weeks
- 37-40 Weeks
- > 40 Weeks

124. **2. What is the Birth weight in grams?**

Section H. Hospital-Acquired Neonatal Sepsis

H.1. Clinical Signs of Sepsis
a)Fever: T>38.5°C

125. Has the neonate experienced fever (temperature > 38.5°C recorded on the vital signs sheet or fever reported by a doctor in the case notes) in the past 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 127*

H.1. Clinical Signs of Sepsis

a)Fever: T>38.5°C

126. If yes, when was the onset of fever (temperature > 38.5°C recorded on the vital signs sheet or fever reported by a doctor in the case notes) during the last 14 days? *

_____

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

b)Hypothermia T< 36°C

127. Has the neonate experienced hypothermia in the past 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 129*

Section H.1. Clinical Signs of Sepsis

b)Hypothermia T< 36°C

128. If yes, when was the onset during the last 14 days?

_____

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
1- Tachycardia

129. Has the neonate presented an increase in heart rate (HR>180bpm) during the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 131*

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
1- Tachycardia

130. When was the first episode of tachycardia (HR>180bpm) during this period?

_____
Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
2- Bradycardia

131. Has the neonate presented a decrease in heart rate (HR<100bpm) during the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 133*

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
2- Bradycardia

132. If yes, when was the onset?

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
3- Oliguria (urine output less than 1ml/kg/hr)

133. Was there a decrease in urine output (less than 1ml/kg/hr) during the last 14 days? *

Dropdown

Mark only one oval.

- Yes
- No *Skip to question 135*

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
3- Oliguria (urine output less than 1ml/kg/hr)

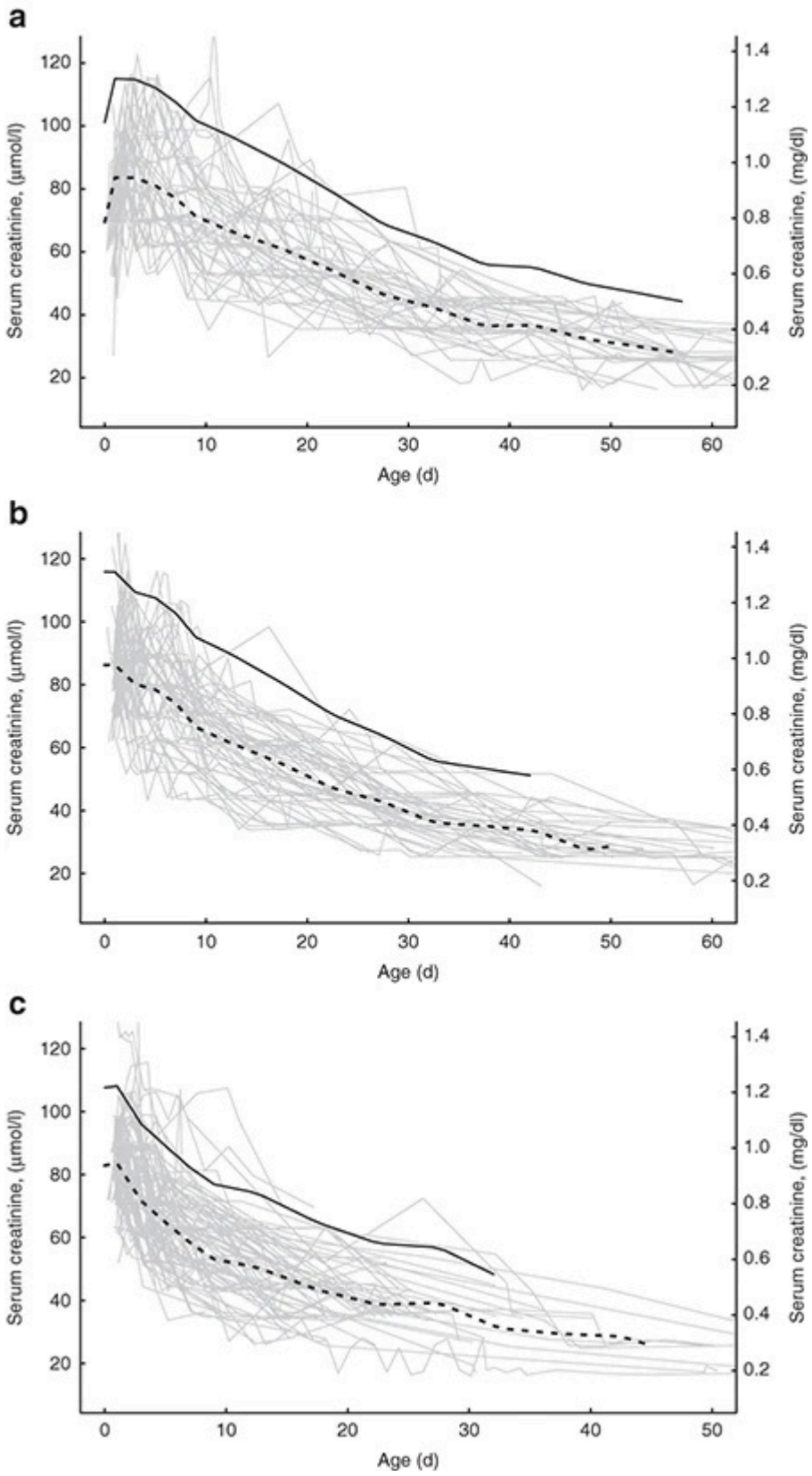
134. If yes, when was the onset?

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
3- Oliguria

Figure 1. Predicted mean s[Cr] (dashed line) and upper 95th percentile (solid line) for each GA group. The underlying light grey lines depict plots of each study infant. (a) GA group 25–27wk. (b) GA group 28–29wk. (c) GA group 30–33wk.



135. During the last 14 days, was the level of creatinine reported above the 95th percentile for the neonate? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 137*

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
3- Oliguria

136. In the past 14 days, on which date was the creatinine level recorded was above the 95th percentile?

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
4- Hypotension

Hypotension in neonate according to gestational age at birth

Gestational age of patient at birth (weeks)	Systolic blood pressure (mmHg)
<24	<33
24-28	33-41
29-32	42-48
33-36	50-55
37-40	57-61
>40	61-71

137. Did the neonate develop hypotension over the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 139*

Section H.1. Clinical Signs of Sepsis

c) Cardiovascular signs
4- Hypotension

138. If yes, when was the first episode of hypotension during the past 14 days?

Example: January 7, 2019

Section H. 1. Clinical Signs of Sepsis

d)Respiratory Signs & Symptoms

139. Has the neonate presented the following respiratory signs during the last 14 days? *

Check all that apply.

- [ ] Tachypnea (RR > 60 breaths per minutes)
- [ ] Apnea (a pause in breathing lasting >20s)
- [ ] Increased need for ventilation support (Increased Positive End-Expiratory Pressure (PEEP>3cmH2O over 24 hours))
- [ ] Increased in oxygen demand (increase FiO2 by more than >20%)
- [ ] Hypoxia (SpO2<90% or documented in case sheet)
- [ ] none

140. When was the onset of the earliest respiratory signs during the last 14 days?

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

e) Neurological symptoms

141. Has the neonate presented the following signs and symptoms during the last 14 days? *

Check all that apply.

- [ ] Irritability: abnormal increase in responsiveness to stimuli, excessive crying, restlessness, and difficulty calming down.
- [ ] Lethargy: a state of decreased alertness, responsiveness, and activity.
- [ ] Hypotonia: reduced resistance to passive movement and diminished strength in the muscles
- [ ] none

142. When was the onset of the first symptoms during the last 14 days?

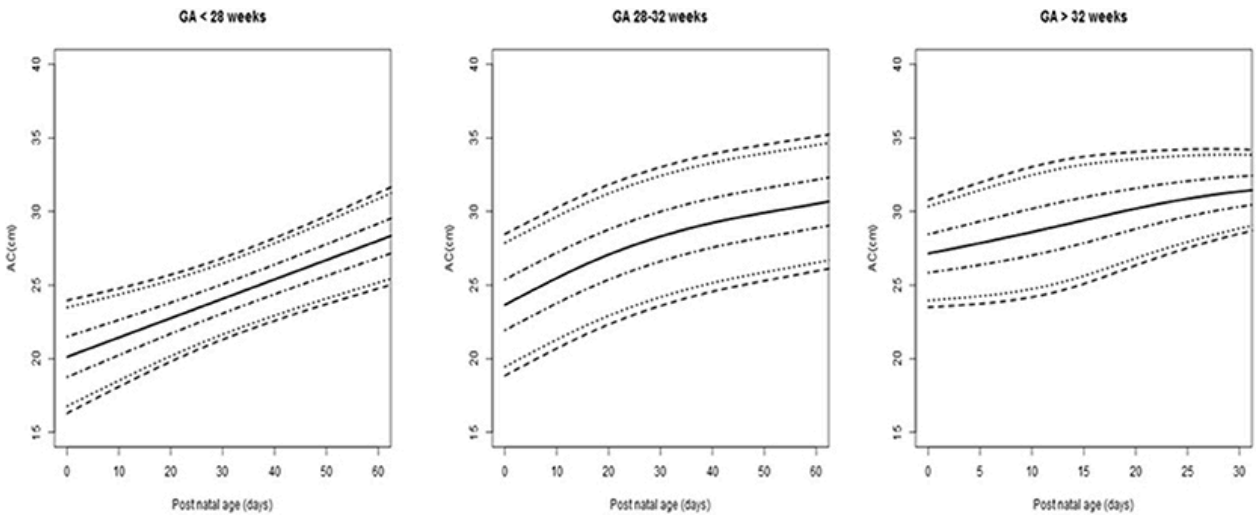
_____

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

f) Gastrointestinal

Figure 2. Abdominal circumference (AC) values (cm) for postnatal age (days) according to the different groups of gestational age (GA). Lines are 3rd, 10th, 25th, 50th, 75th, 90th, and 97th centiles.



143. Has the neonate presented the following symptoms during the last 14 days? *

Check all that apply.

- [ ] nutritional intolerance
- [ ] insufficient Breast feeding/difficulty sucking
- [ ] abdominal distention (more than 97th percentile or documented on radiological findings)
- [ ] none

144. When was the onset of the first symptom?

_____

Example: January 7, 2019

Section H.1. Clinical Signs of Sepsis

g)Skin and subcutaneous lesions:

145. Has the neonate presented the following skin lesions during the last 14 days? *

Check all that apply.

- [ ] petechiae
- [ ] sclerema
- [ ] none

146. When was the onset?

_____

Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological Signs
i) Leukopenia (<4000/

mm^3)

147. Did the neonate have a low white blood cell count (< 4000 WBC/ mm³) in the last 2 weeks? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 150*

Section G.2. Laboratory findings

a) Biological Signs
i) Leukopenia (<4000/

mm³)

148. If yes, when was the neonate's first event of a low white blood cell count (< 4000 WBC/mm³) during the last 2 weeks? *

_____
Example: January 7, 2019

149. When was the lowest white blood cell count reported? *

_____
Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological Signs
ii) Leukocytosis (WCC>20000/

mm³)

150. Did the neonate have an increase in white blood cell count (> 20,000 WBC/ mm³)in the last 2 weeks? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 153*

Section H.2. Laboratory findings

a) Biological Signs
ii) Leukocytosis (WCC>20000/

mm³)

151. If yes, when was the neonate's first event of an increase in white blood cell count (>20,000 WBC/ mm³) in the last 2 weeks? *

_____
Example: January 7, 2019

152. When was the highest WCC reported? *

_____
Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological Signs
iii) Immature neutrophil to total neutrophil ratio (I/T ratio) ≥0.2 or immature granulocyte (IG) ≥ 0.2%

153. Has an immature neutrophil to total neutrophil ratio (I/T ratio) of ≥ 0.2 or an immature granulocyte (IG) count of ≥ 0.2% been reported in the full blood count within the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 155*

Section H.2. Laboratory findings

a) Biological Signs
iii) immature neutrophil to total neutrophil ratio (I/T ratio) ≥0.2 or immature granulocyte (IG) ≥ 0.2%

154. When has the first episode occur during the last 14 days?

Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological Signs
iv) Thrombocytopenia (PLT<100000/

mm³)

155. Did the neonate have a platelet count lower than 100,000/mm³ during the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 158*

Section H.2. Laboratory findings

a) Biological Signs
iv) Thrombocytopenia (PLT<100000/

mm³)

156. If yes, when was the onset during the last 2 weeks?

Example: January 7, 2019

157. When was the lowest platelet count reported? *

Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological Signs
v) CRP>15mg/L

158. Has a CRP level greater than 15 mg/L been observed in the past 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 161*

Section H.2. Laboratory findings

a) Biological Signs
v) CRP>15mg/L

159. If yes, when was it reported?

_____
Example: January 7, 2019

160. When was the highest recorded value of CRP reported? *

_____
Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological signs
vi) Hyperglycemia (>180 mg/dL or 10 mmol/L)

161. Has the neonate presented an episode of hyperglycemia during the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 165*

Section H.2. Laboratory findings

a) Biological signs
vi) Hyperglycemia (>180 mg/dL or 10 mmol/L)

162. If yes, when was it first reported in the last 14 days?

_____
Example: January 7, 2019

163. Has any other previous episode of hyperglycemia been reported? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 165*

Section H.2. Laboratory findings

a) Biological signs
vi) Hyperglycemia (>180 mg/dL or 10 mmol/L)

164. If so, when was the last episode of hyperglycemia reported prior to the one mentioned above?

_____
Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological signs
vii) Hypoglycemia (<45 mg/dL or 2.5 mmol/L)

165. Has the neonate presented an episode of hypoglycemia during the last 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 169*

Section H.2. Laboratory findings

a) Biological signs
vii) Hypoglycemia (<45 mg/dL or 2.5 mmol/L)

166. If yes, when was it onset?

_____
Example: January 7, 2019

167. Has any other previous episode of hypoglycemia been reported? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 169*

Section H.2. Laboratory findings

a) Biological signs
vii) Hypoglycemia (<45 mg/dL or 2.5 mmol/L)

168. If so, when was the last episode of hypoglycemia reported prior to the one mentioned above?

Example: January 7, 2019

Section H.2. Laboratory findings

a) Biological signs
viii) Arterial Blood Gas

169. Was there an episode of metabolic acidosis reported in the patient's ABG results within the last 14 days? (Negative Base excess >10 mEq/L or Serum lactate >2 mmol/L) *

Dropdown

Mark only one oval.

- Yes
- No *Skip to question 171*

Section H.2. Laboratory findings

a) Biological signs
viii) Arterial Blood Gas

170. If yes, when was it first reported in the last 14 days?

Example: January 7, 2019

Section H.2. Laboratory findings

b) Culture and sensitivity

171. Was a microbiological specimen sent for culture during the last 15 days? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section H.2. Laboratory findings

b) Culture and sensitivity
Specimen 1

172. Which of the following specimens was most recently sent for culture in the past 14 days? Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- Umbilical Venous Catheter tip
- ETT tip
- Ear swab

173. When was the above specimen sent for culture?

Example: January 7, 2019

174. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] report not available

175. Has any other specimen been collected in the past 14 days? Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section H.2. Laboratory findings

b) Culture and sensitivity
Specimen 2

176. If yes, which of the following specimens was sent for culture previously?

Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- UVC tip
- ETT tip
- Ear swab

177. When was the above specimen sent for culture?

Example: January 7, 2019

178. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp	☐
Other non commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

179. Has a third specimen been collected prior to the second most recent sample? *

Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section H.2. Laboratory findings

b) Culture and sensitivity
Specimen 3

180. If yes, which of the following specimens was the third to last sent for culture? Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- UVC tip
- ETT tip
- Ear swab

181. When was the above specimen sent for culture?

_____

Example: January 7, 2019

182. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

- [ ] Group A Streptococcus
- [ ] Enterobacter sp.
- [ ] Other non commensal organism
- [ ] Other commensal organism
- [ ] Mixed growth
- [ ] None
- [ ] report not available

Skip to question 196

Section I: Patient who has developed **any** of the above healthcare-associated infections (HAIs).

183. Has this patient been on antibiotics and had none of the above HAIs? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section I: Patient who has developed **any** of the above healthcare-associated infections (HAIs).

184. Was a microbiological specimen sent for culture during the last 15 days? *

Mark only one oval.

- Yes
- No *Skip to question 196*

Section I: Patient who has developed **any** of the above healthcare-associated infections (HAIs).

185. Which of the following specimens was most recently sent for culture in the past 14 days? * Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- CVC tip
- ETT tip
- Wound swab

186. When was the above specimen sent for culture?

_____

Example: January 7, 2019

187. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp.	☐
Other non-commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

188. Has any other specimen been collected in the past 14 days? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section I: Patient who has developed **any** of the above healthcare-associated infections (HAIs).

189. Which of the following specimens was previously sent for culture in the past 14 days? * Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- CVC tip
- ETT tip
- Wound swab

190. When was the above specimen sent for culture?

_____

Example: January 7, 2019

191. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp.	☐
Other non-commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐

192. Has a third specimen been collected prior to the second most recent sample? * Dropdown

Mark only one oval.

- Yes
- No *Skip to question 196*

Section I: Patient who has developed **any** of the above healthcare-associated infections (HAIs).

193. If yes, which of the following specimens was the third to last sent for culture? *

Dropdown

Mark only one oval.

- Blood
- Urine
- CSF
- Tracheal aspirate
- CVC tip
- ETT tip
- Wound swab

194. When was the above specimen sent for culture?

_____

Example: January 7, 2019

195. Which organism was/were identified in the above mention specimen ?

Check all that apply.

	Column 1
Acinetobacter sp.	☐
Klebsiella sp.	☐
Escherichia coli	☐
Pseudomonas sp.	☐
Enterococcus sp.	☐
Proteus sp.	☐
Staphylococcus aureus	☐
Burkholderia cepacia	☐
Bacteroides sp.	☐
Group B Streptococcus	☐
Serratia sp.	☐
Stenotrophomonas maltophila	☐
Chyseobacterium meningosepticeum	☐
Coagulase Negative staphylococcus	☐
Corynebacterium spp.	☐
Bacillus sp.	☐
Streptococus viridans	☐
Group A Streptococcus	

Group A Streptococcus	☐
Enterobacter sp.	☐
Other non commensal organism	☐
Other commensal organism	☐
Other commensal organism	☐
Mixed growth	☐
None	☐
report not available	☐
report not available	☐

Section J: Antibiotic treatment

196. Which antibiotic is the patient taking? * Dropdown

Mark only one oval.

- Benzathine penicillin G (IM)
- Benzyl penicillin
- Phenoxymethylpenicillin
- Amoxycillin/clavulanic acid
- Amoxycillin
- Pivmecillinam
- Flucloxacillin
- Doxycycline
- Amikacin
- Gentamicin
- Clindamycin
- Chloramphenicol
- Co-trimoxazole
- Metronidazole
- Piperacillin/ tazobactam
- Cefotaxime
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Meropenem
- Clarithromycin
- Azithromycin
- Ciprofloxacine
- Levofloxacine
- Vancomycin
- Rifampicin
- Lincomycin
- Colistin
- Linezolid
- Neomycin
- Polymyxin B
- Erythromycin

Other

197. When was the above antibiotic started? *

_____

Example: January 7, 2019

198. Has the antibiotic been stopped? * Dropdown

Mark only one oval.

Yes

No *Skip to question 200*

Section J: Antibiotic treatment

199. If yes, when has the above antibiotic been stopped?

_____

Example: January 7, 2019

Section J: Antibiotic treatment

200. Is/was the patient on another antibiotic? Dropdown

Mark only one oval.

Yes

No *Skip to question 220*

Section J: Antibiotic treatment

201. If the patient is/was on another antibiotic, please specify the name of the second last one. * Dropdown

Mark only one oval.

- Benzathine penicillin G (IM)
- Benzyl penicillin
- Phenoxymethylpenicillin
- Amoxycillin/clavulanic acid
- Amoxycillin
- Pivmecillinam
- Flucloxacillin
- Doxycycline
- Amikacin
- Gentamicin
- Clindamycin
- Chloramphenicol
- Co-trimoxazole
- Metronidazole
- Piperacillin/ tazobactam
- Cefotaxime
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Meropenem
- Clarithromycin
- Azithromycin
- Ciprofloxacine
- Levofloxacine
- Vancomycin
- Rifampicin
- Lincomycin
- Colistin
- Linezolid
- Neomycin
- Polymyxin B

- [ ] Erythromycin
- [ ] Other

202. When was the above antibiotic started?

_____

Example: January 7, 2019

203. Has the antibiotic been stopped? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 205*

Section J: Antibiotic treatment

204. When has the above antibiotic been stopped?

_____

Example: January 7, 2019

Section J: Antibiotic treatment

205. Is/was the patient on another antibiotic? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 220*

Section J: Antibiotic treatment

206. If the patient is on another antibiotic, please specify the name of the third last one. * Dropdown

Mark only one oval.

- Benzathine penicillin G (IM)
- Benzyl penicillin
- Phenoxymethylpenicillin
- Amoxycillin/clavulanic acid
- Amoxycillin
- Pivmecillinam
- Flucloxacillin
- Doxycycline
- Amikacin
- Gentamicin
- Clindamycin
- Chloramphenicol
- Co-trimoxazole
- Metronidazole
- Piperacillin/ tazobactam
- Cefotaxime
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Meropenem
- Clarithromycin
- Azithromycin
- Ciprofloxacine
- Levofloxacine
- Vancomycin
- Rifampicin
- Lincomycin
- Colistin
- Linezolid
- Neomycin
- Polymyxin B

- [ ] Erythromycin
- [ ] Other

207. When was the antibiotic started?

_____

Example: January 7, 2019

208. Has the antibiotic been stopped? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 210*

Section J: Antibiotic treatment

209. When has the above antibiotic been stopped?

_____

Example: January 7, 2019

Section J: Antibiotic treatment

210. Is/was the patient on another antibiotic? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 220*

Section J: Antibiotic treatment

211. If the patient is on another antibiotic, please specify the name of the fourth last one. * Dropdown

Mark only one oval.

- Benzathine penicillin G (IM)
- Benzyl penicillin
- Phenoxymethylpenicillin
- Amoxycillin/clavulanic acid
- Amoxycillin
- Pivmecillinam
- Flucloxacillin
- Doxycycline
- Amikacin
- Gentamicin
- Clindamycin
- Chloramphenicol
- Co-trimoxazole
- Metronidazole
- Piperacillin/ tazobactam
- Cefotaxime
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Meropenem
- Clarithromycin
- Azithromycin
- Ciprofloxacine
- Levofloxacine
- Vancomycin
- Rifampicin
- Lincomycin
- Colistin
- Linezolid
- Neomycin
- Polymyxin B

- [ ] Erythromycin
- [ ] Other

212. When was the antibiotic started?

_____

Example: January 7, 2019

213. Has the antibiotic been stopped? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 215*

Section J: Antibiotic treatment

214. When has the above antibiotic been stopped?

_____

Example: January 7, 2019

Section J: Antibiotic treatment

215. Is/was the patient on another antibiotic? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 220*

Section J: Antibiotic treatment

216. If the patient is on another antibiotic, please specify the name of the fifth last one. * Dropdown

Mark only one oval.

- Benzathine penicillin G (IM)
- Benzyl penicillin
- Phenoxymethylpenicillin
- Amoxycillin/clavulanic acid
- Amoxycillin
- Pivmecillinam
- Flucloxacillin
- Doxycycline
- Amikacin
- Gentamicin
- Clindamycin
- Chloramphenicol
- Co-trimoxazole
- Metronidazole
- Piperacillin/ tazobactam
- Cefotaxime
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Meropenem
- Clarithromycin
- Azithromycin
- Ciprofloxacine
- Levofloxacine
- Vancomycin
- Rifampicin
- Lincomycin
- Colistin
- Linezolid
- Neomycin
- Polymyxin B

- [ ] Erythromycin
- [ ] Other

217. When was the antibiotic started?

_____

Example: January 7, 2019

218. Has the antibiotic been stopped? Dropdown

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 220*

Section J: Antibiotic treatment

219. When has the above antibiotic been stopped? *

_____

Example: January 7, 2019

Section K: Treating specialists

220. Who is **the main** treating specialist? (eg. Dr Grey) *

_____

Section L: Reporting Healthcare Professional

221. Name of reporter (kindly write your name the same way each time you fill in the form: ex. Dr Rhode, Mrs Callychurn) *

_____

222. Position of reporter * Dropdown

Mark only one oval.

- Nursing Officer
- Medical Health Officer
- Specialists