

NeoIPC – Infection Data Collection Sheet



Hospital-Acquired Primary Sepsis/BSI

Patient	
Patient ID:	
Patient name:	
Hospital-acquired Primary Sepsis/BSI	
Infection date:	
Vascular catheter association:	
<input type="radio"/> No <input type="radio"/> CVC-associated <input type="radio"/> PVC-associated	
BSI type:	
<input type="radio"/> Clinical Sepsis (<i>no positive blood/cerebrospinal fluid culture</i>) <input type="radio"/> LCBSI-RP (<i>caused by a recognised pathogen</i>) <input type="radio"/> LCBSI-CC (<i>caused by a common commensal</i>), recovered: <input type="radio"/> only once or <input type="radio"/> at least twice	
Intravenous antibiotic therapy for five or more days initiated:	
<input type="radio"/> Yes <input type="radio"/> No	
Please enter organism(s) recovered, if you chose LCBSI-RP or LCBSI-CC:	
Organism 1: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Organism 2: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Organism 3: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Signs and symptoms of generalized infection:	
<input type="checkbox"/> Temperature instability or fever (>38 °C) or hypothermia (<36.5 °C) <input type="checkbox"/> Unexplained tachycardia (>200/min) or new/more frequent bradycardia episodes (<80/min) <input type="checkbox"/> Capillary refill time of > 3s or skin mottling or core/peripheral temperature gap > 2 °C <input type="checkbox"/> New/more frequent episodes of apnoea (>20s) or increase in oxygen demand or ventilatory support <input type="checkbox"/> Enteral feeding intolerance, abdominal distension or ileus <input type="checkbox"/> Irritability, lethargy, apathy or unstable condition <input type="checkbox"/> Unexplained metabolic acidosis (base excess < -10 mmol/L; <-10 mEq/L) <input type="checkbox"/> New and unexplained hyperglycaemia (> 140 mg/dl; > 7.8 mmol/L) or hypoglycaemia (< 40 mg/dl; <2.2 mmol/L)	
Laboratory findings:	
<input type="checkbox"/> Platelet count of < 100 × 10 ⁹ /L (<100 × 10 ³ /μL) <input type="checkbox"/> WBC < 4 × 10 ⁹ /L or > 20 × 10 ⁹ /L (< 4 × 10 ³ /μL or > 20 × 10 ³ /μL) <input type="checkbox"/> CRP > 10 mg/L (> 1 mg/dL) <input type="checkbox"/> Procalcitonin ≥ 2μg/L (2 ng/mL; 200 ng/dL) <input type="checkbox"/> I/T-Ratio > 0,2 (ratio of immature granulocytes to total granulocytes) <input type="checkbox"/> Increased levels of interleukin 6 (IL-6) or IL-8	

You can select only one option.

You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.