



Blood Stream Infection Event Form				
<b>Section 1: Patient and Hospital Information:</b>				
Full Name الإسم الثلاثي		Gender الجنس	Male / ذكر Female/ أنثى	Birth تاريخ DD/MM/YYYY Age / العمر
National ID/الهوية الوطنية رقمها / رقمها	Iqama/الإقامة	Passport/ الجواز	Border Number / رقم الحدود	Additional ID / الهوية الإضافية Medical Record / السجل الطبي
Telephone Number / رقم الهاتف	Country / الدولة	Region (Health Affairs) / المنطقة (الشؤون الصحية)		
Mobile Number / رقم الجوال	City / المدينة Nationality/ الجنسية	Health Center or Health Affairs followed by المركز الصحي أو الشؤون الصحية التي يتبعها		
Address Type/ نوع العنوان	No fixed address/ لا يوجد عنوان ثابت temporary address / منزل مؤقت	Postal address / العنوان البريدي Vacation home / منزل قضاء العطلات	Primary home / الرئيسي	
Client HESN ID/رقم المراجع في حصن.....				
<b>Section 2: BSI event information</b>				
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		
Age ≤ 1 year?	Yes No			
<b>BSI signs and symptoms according to CDC/NHSN Definitions 2015/2016</b>				
Is the patient? Of any age (including ≤ 1 year) with fever ( ≥ 38°c ) OR chills OR hypotension ≤1 year with fever ( ≥ 38°c ) OR hypothermia ( ≤ 36°c ), apnea, or bradycardia with no signs or symptoms				
Specify Signs and Symptoms	Date of Onset of First Signs and Symptoms DD/MM/YYYY			
Fever Other clinical features (please specify) :	Chills	Apnea	Bradycardia	Hypotension Hypothermia
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).....			
BSI Diagnosed after a Procedure	Yes No			
<b>Procedure Name</b>				
Limb amputation	Craniotomy	Gallbladder surgery	Abdominal hysterectomy	Open reduction of fracture
Appendix surgery	Cesarean section	Colon surgery	Knee prosthesis	Abdominal aortic aneurysm repair
Shunt for dialysis	Spinal fusion	Heart transplant	Kidney transplant	Bile duct, liver or pancreatic surgery
Breast surgery	Gastric surgery	Liver transplant	Neck surgery	Laminectomy
Cardiac surgery	Herniorrhaphy	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	Development of Secondary BSI:		Yes No	
Hospitalization Death Yes, Complete the following question	No	Death Date	DD/MM/YYYY	
BSI contributed to death	Yes No			