

1. Patient and Admission Details			Please write inside number and date frames or place a cross <input type="checkbox"/> in the appropriate box using a black pen											
Q1 Health Board			GGC											
Q2 CHI No														
Q3 Forename														
Q4 Surname														
Q5 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Q6 Post Code											
Q7 Date of admission to hospital			DD / MM / YYYY If N/R then enter 09 / 09 / 9999											

2. Blood Sample Details														
Q8 Ward where positive blood culture aspirated			(for local use only)											
Q9 Hospital where positive blood culture aspirated														
Q10 Date blood culture aspirated			DD / MM / YYYY If N/R then enter 09 / 09 / 9999											
Q11 Specimen number from first isolate														
Q12 <i>S.aureus</i> susceptibility <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA														
Q13 Clinical Speciality where positive blood culture aspirated (one option MUST be selected)			(see appendix 1)											
<input type="checkbox"/> Accident & Emergency			<input type="checkbox"/> Hospital at home/ Community			<input type="checkbox"/> Neurosurgery			<input type="checkbox"/> Rehabilitation medicine					
<input type="checkbox"/> Cardiology			<input type="checkbox"/> Infectious diseases			<input type="checkbox"/> Obstetrics & Gynaecology			<input type="checkbox"/> Renal medicine					
<input type="checkbox"/> Cardio-thoracic surgery			<input type="checkbox"/> Intensive care			<input type="checkbox"/> Oncology			<input type="checkbox"/> Transplant surgery					
<input type="checkbox"/> Care of the elderly			<input type="checkbox"/> Maxillofacial surgery			<input type="checkbox"/> Ophthalmology			<input type="checkbox"/> Urology					
<input type="checkbox"/> Ear, nose and throat			<input type="checkbox"/> Medicine			<input type="checkbox"/> Orthopaedic surgery			<input type="checkbox"/> Vascular surgery					
<input type="checkbox"/> General surgery			<input type="checkbox"/> Mental health			<input type="checkbox"/> Paediatrics								
<input type="checkbox"/> Haematology			<input type="checkbox"/> Neonatology			<input type="checkbox"/> Plastic surgery								
Q L1 Clinical sub-speciality specific to GGC (one option from Q13 MUST be selected)														
<input type="checkbox"/> Acute medical unit			<input type="checkbox"/> Neuromedicine			<input type="checkbox"/> Spinal injuries								
Q L2 Directorate where positive blood culture aspirated														
<input type="checkbox"/> North Glasgow			<input type="checkbox"/> South Clyde			<input type="checkbox"/> South Glasgow								
<input type="checkbox"/> Regional Services			<input type="checkbox"/> Women & Children			<input type="checkbox"/> Partnerships								
Q L3 Consultant in charge of patient when blood culture aspirated														

3. Bacteraemia Details														
Q14 Origin of infection <input type="checkbox"/> Hospital Acquired Infection (HAI) <input type="checkbox"/> Healthcare Associated Infection (HCAI) <input type="checkbox"/> Community <input type="checkbox"/> Not known														
HAI only														
Q14a Hospital bacteraemia attributed to if different from Q9														
Q14b Clinical speciality bacteraemia attributed to if different from Q13														



3. Bacteraemia Details cont'd

HAI only

Q L4 Directorate bacteraemia attributed to if different from Q L2

Q L5 Ward bacteraemia attributed to if different from Q8

Q15 SAB entry point (mark one only)

(see appendix 2)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Contaminant | <input type="checkbox"/> Injection site related to illicit drug use | <input type="checkbox"/> Surgical site infection (superficial) | <input type="checkbox"/> Other: please specify: |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nephrostomy | <input type="checkbox"/> Surgical site infection (deep) | <input type="text"/> |
| <input type="checkbox"/> Device
Pick letter (A-N) from Q17 <input type="text"/> | <input type="checkbox"/> Respiratory infection | <input type="checkbox"/> Surgical site infection (organ/space) | |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Skin/soft tissue
Pick letter (A-I) from Q18 <input type="text"/> | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Not known |

Q16 Deep-seated/metastatic infection (mark one only)

(see appendix 3)

- | | | | | |
|---|---|---|--|---|
| <u>Cardiovascular:</u> | <u>Bone & Joint:</u> | <u>Implanted device:</u> | <u>e.g. Deep abscess(es)/haematoma:</u> | <input type="checkbox"/> Multiple sites of metastatic infection |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Discitis | <input type="checkbox"/> Prosthetic valve | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Myocarditis | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Genitourinary system | <input type="checkbox"/> None |
| <input type="checkbox"/> Pericarditis | <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Vascular graft | <input type="checkbox"/> Hepatobiliary system | <input type="checkbox"/> Other: please specify: |
| <input type="checkbox"/> Thrombophlebitis | <input type="checkbox"/> Septic arthritis | <input type="checkbox"/> Prosthetic joint | <input type="checkbox"/> Intra abdominal (other) | <input type="text"/> |
| | | | <input type="checkbox"/> Lung abscess | |
| | | | <input type="checkbox"/> Mediastinitis | |

Q17 List all the device risk factors (mark all that apply)

(see appendix 4)

- | | | |
|---|---|--|
| <input type="checkbox"/> (A) - Arterial line | <input type="checkbox"/> (E) - PICC/ Midline | <input type="checkbox"/> (L) - PEG |
| <input type="checkbox"/> (B) - PVC | <input type="checkbox"/> (F) - Invasive ventilation | <input type="checkbox"/> (M) - External shunt |
| (C) - CVC | <input type="checkbox"/> (G) - CAPD | <input type="checkbox"/> (N) - Other:
please specify: |
| <input type="checkbox"/> (C1) - non tunnelled | <input type="checkbox"/> (H) - Surgical drain | <input type="text"/> |
| <input type="checkbox"/> (C2) - tunnelled | <input type="checkbox"/> (I) - Chest drain | |
| (D) - Dialysis line | <input type="checkbox"/> (J) - Urinary catheter | |
| <input type="checkbox"/> (D1) - non tunnelled | <input type="checkbox"/> (K) - Suprapubic catheter | <input type="checkbox"/> (O) - None |
| <input type="checkbox"/> (D2) - tunnelled | | |
| <input type="checkbox"/> (D3) - fistula | | |

Q18 Skin & soft tissue risk factors (see appendix 4)

(mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> (A) - Abscess | <input type="checkbox"/> (G) - Ulcer |
| <input type="checkbox"/> (B) - Cellulitis | <input type="checkbox"/> (H) - Burns |
| <input type="checkbox"/> (C) - Pressure ulcer | <input type="checkbox"/> (I) - Other: please specify: |
| <input type="checkbox"/> (D) - Skin break | <input type="text"/> |
| <input type="checkbox"/> (E) - e.g. Eczema | |
| <input type="checkbox"/> (F) - Necrotising fasciitis | <input type="checkbox"/> (J) - None |

Q19 Other risk factors (mark all that apply)

(E) - Immunosuppressed

(see appendix 4)

- | | |
|---|--|
| <input type="checkbox"/> (A) - Medical/surgical instrumentation in previous 30 days | <input type="checkbox"/> (F) - Related to IV illicit drug use |
| <input type="checkbox"/> (B) - Previous hospital admission within last 30 days (overnight stay) | <input type="checkbox"/> (G) - Patient admitted from long term care facility or other hospital |
| <input type="checkbox"/> (C) - Diabetic patient | <input type="checkbox"/> (H) - Non healthcare cosmetic procedure |
| <input type="checkbox"/> (D) - Venepuncture or injection in previous 30 days | <input type="checkbox"/> (I) - Implanted device |
| | <input type="checkbox"/> (J) - None |

Q20 Comments

