



## Instructions for Completion of Primary Bloodstream Infection (BSI) Form (CDC 57.108)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Conditionally required. Enter the patient's Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
Event type	Required. BSI.
Date of event	Required. The date when the first element used to meet the BSI infection criterion occurred for the first time, during the Infection Window Period. Enter date of this event using this format: MM/DD/YYYY.



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	<p><b>NOTE:</b> If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, use the last day of the previous month as the Date of Event.</p>
Post-procedure BSI	<p>Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility, otherwise check N.</p>
NHSN procedure code	<p>Conditionally required. If Post-procedure BSI = Y, enter the appropriate NHSN procedure code.</p> <p><b>NOTE:</b> A BSI cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the operation will be auto-entered by the computer.</p>
ICD-9-CM procedure code	<p>Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the ICD-9-CM code. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection Event Chapter (Chapter 9 of NHSN Manual: Patient Safety Component Protocol) are allowed.</p> <p><b>NOTE:</b> ICD-10-CM/PCS codes will replace ICD-9-CM codes on October 1, 2015 however NHSN will not have the ability to receive these codes until the January 2016 release.</p> <p>The NHSN guidance for entry of surgical denominator data for the last quarter of 2015 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-CM/PCS codes associated with the procedure.</p>
MDRO Infection Surveillance	<p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p>



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Location	<p>Required. Enter the inpatient location to which the patient was assigned on the date of the BSI event.</p> <p>If the date of BSI occurs on the day of transfer or discharge from a location or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p>
Date admitted to facility	<p>Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY.</p> <ul style="list-style-type: none"> <li>• When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such days, including any days spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location.</li> <li>• When reporting a BSI which occurs on the day of or day after discharge use the previous date of admission as admission date.</li> </ul>
<p>Risk Factors: If ICU/Other locations, central line</p>	<p>Required. Answer this question if the location is an intensive care unit (ICU) or location other than a specialty care area (SCA) or neonatal intensive care unit (NICU). Check Y if patient had a central line (CL) present for more than 2 calendar days on the date of event or the day before otherwise, check N. Day of device insertion = Day 1</p> <p><b>NOTE:</b> If the patient has both a peripheral and a central line and the BSI can clearly be attributed to the peripheral line (e.g., pus at insertion site and matching pathogen from pus and blood), check N.</p>



Data Field	Instructions for Data Collection
<p>Risk Factors: If Specialty Care Area/Oncology,</p> <p>Permanent central line</p> <p>Temporary central line</p>	<p>Required. Answer these questions if the location is an SCA or oncology location:</p> <p>Check Y if patient had a tunneled or implanted central line (CL) present for more than 2 calendar days on the date of event or the day before otherwise, check N. Day of device insertion = Day 1</p> <p>Check Y if patient had a non-tunneled or non-implanted central line (CL) present for more than 2 calendar days on the date of event or the day before otherwise, check N. Day of device insertion = Day 1</p> <p><b>NOTE:</b> If the patient has both a central line and a vascular line that is not a central line (e.g., peripheral line, arterial line, etc.), and the BSI can clearly be attributed to the non-central line (e.g., pus at insertion site and matching pathogen from pus and blood), check N.</p>
<p>Risk Factors: If NICU,</p> <p>Central line</p> <p>Birth weight</p>	<p>Required. Answer these questions if the location is an NICU:</p> <p>Check Y if patient had a central line (CL) or umbilical catheter (UC) present for more than 2 calendar days on the date of event or the day before otherwise, check N. Day of device insertion = Day 1</p> <p>Required. Enter patient's weight at the time of birth in grams, <u>not</u> the weight on the date of event.</p> <p><b>NOTE:</b> If the patient has both a peripheral and a central line and the BSI can clearly be attributed to the peripheral line (e.g., pus at insertion site and matching pathogen from pus and blood), check N.</p>
<p>Any hemodialysis catheter present</p>	<p>Optional. Check Y if the patient had any central line in place for the purpose of hemodialysis. Check N if the patient had no central line in place for the purpose of hemodialysis. If the patient has &gt;1 central line at the time of the event, check Y if any were in place for the purpose of hemodialysis. There is no requirement for this central line to have been accessed to check Y.</p>



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Location of device insertion	Optional. Enter the patient location where the central line was inserted. <ul style="list-style-type: none"> <li>• If the patient has more than one central line, enter the location where the first central line was inserted.</li> <li>• If the patient has both a permanent and a temporary central line, enter the location where the temporary line was inserted.</li> </ul>
Date of device insertion	Optional. Enter the date the central line was inserted. If the patient has more than one central line, facility may choose which insertion date to record.
Event Details: Specific event	Required. Check Laboratory-confirmed (LCBI).
Event Details: Specify criteria used:	Required. Check each of the elements of the criterion that were met.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: BSI contributed to death	Conditionally required if patient died. Check Y if such evidence is available (e.g., death/discharge note, autopsy report, etc.) otherwise check N.
Event Details: Discharge date	Optional. Date patient discharged from facility using this format: MM/DD/YYYY.
Event Details: Pathogen identified	Required. This field will be auto entered by the computer as Y. Specify pathogens on reverse of form.
Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If the species is not given on the lab report or is not found on the NHSN drop down list, then select the “spp” choice for the genus (e.g., <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> spp.).



Data Field	Instructions for Data Collection
Antimicrobial agent and susceptibility results	<p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> <li>• For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed.</li> <li>• For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional.</li> </ul> <p>Circle the pathogen’s susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p><b>NOTE:</b> Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	Optional. Enter any information on the event.