

Attachment 1: Audit form



HOSPITAL ACQUIRED INFECTION SURVEILLANCE FORM (AUDIT)

Patient Name:	H. No.	Age:	Sex: M/ F	ICU/ Ward:
Department:	Admitting Unit:	Dt. Of Adm.		Dt. Of Adm. To ICU -
Provisional Diagnosis:	Final Diagnosis:			
Outcome:	Transfer out to ward/unit name & date	LAMA on:	Discharged on	Expired on:

Risk factor/CO-morbidities: (Circle features present at admission)

DM	HTN	CLD	CKD	HIV	TB	Transplantation	Immunosuppressant	any other
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Type of Surgery-

Date of Surgery:

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Type of device used and Device Days

Intervention	Date of Insertion	Date of Removal	Re-insertion	Removal
Urinary Catheter				
Mechanical Ventilation/ET tube				
Tracheostomy				
CVC- Jugular/ Subclavian/Femoral/PICC				
Surgical Site Drainage tube				
Dialysis Sheath				

Daily Monitoring

	HD-1	D-2	D-3	D-4	D-5	D-6	D-7	D-8	D-9	D-10	D-11	D-12	D-13	D-14	D-15
HAI Date															
Temperature															
CA-UTI Catheter present															
Suprapubic Tenderness															
Loin pain															
*1.Urgency, 2.Frequency 3. Dysuria															
CLA BSI CL (central line) present															
Chills															
Hypotension (SBP ≤ 90)															
VAE MV (mechanical ventilator) present															
PEEP _{dm}															
FiO _{2dm}															
WBC count															
New antibiotics															
SSI Purulent discharge at site															
Clinician's diagnosis															
Tenderness, swelling, erthema, heat															
**Abscess at site															

- *To be reported only when urinary catheter is not in place
- **Detected by physical exam/histopathological exam/imagingdm-daily minimum

Microbiology Culture Report (Site-specific culture and blood culture; to be filled even culture is negative)

Date of Sample collection	Sample	Organism isolated	Colony count	AST report

(S- sensitive, R- resistant, Ak- Amikacin, G- Gentamicin, CFS- Cefoperazone-sulbactam, Ci-Ceftriaxone, Ca-Ceftazidime, Cx-Cefoxitin, Ox-Oxacillin, M-Meropenem, PIT-Piperacillin-tazobactam, Cf-Ciprofloxacin, N-Nitrofurantoin, E-erythromycin, P-Penicillin, T-tetracycline)

BUNDLE CARE AUDIT															
	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	D15
Urinary catheter care bundle															
Closed drainage system															
Urinary catheter secured															
Drainage bag above floor & Below bladder level															
Catheter care (aseptic)	hand hygiene														
	Vaginal/meatal care														
	perineal care														
Single use glove while handling/emptying (No contact b/t jug and bag)															
Separate jug for collecting															
Assessment of readiness to remove – documented?															
Central line bundle															
Daily aseptic CL care during handling	Hand hygiene														
	Alcohol hub decontamination														
	CHG 2% for Dressing changes														
Any local signs of infection?															
Dressing changed?															
Assessment of readiness to remove – documented?															
Ventilator bundle															
Head and elevation 30°															
Adherence to hand hygiene															
Daily oral care (CHG 2%)															
Need of PUD prophylaxis assessed?															
DVT prophylaxis															
Assessment of readiness to remove – documented?															

ICN Name and Signature with date

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CAUTI(CATHETER ASSOCIATED UTI)

Date of Event (DOE)-

1. Urinary Catheter Criteria	Patient has indwelling urinary catheter in place for >2 calendar day		Yes/No				
	Or if removed: Urinary catheter was in place on the day of sample collection or the day before		Yes/No				
2. Symptom Criteria	At least one of the following						
	Fever (>100.4°F) <input type="checkbox"/>	Suprapubic tenderness <input type="checkbox"/>	Loin Pain <input type="checkbox"/>	Urgency <input type="checkbox"/>	Frequency <input type="checkbox"/>	Dysuria <input type="checkbox"/>	Yes/No
3. Urine culture Criteria	Positive urine culture (Not more than two organisms with at least one organism having $\geq 10^5$ CFU/ml)						Yes/No
4. Blood culture criteria	No symptoms						Yes/No
	Positive blood culture (with one matching organism to urine culture)						
Final diagnosis	Symptomatic CAUTI (criteria-1 + 2 + 3) <input type="checkbox"/>		ABUTI (Asymptomatic bacteremic UTI) (criteria- 1+4) <input type="checkbox"/>				

CLABSI (CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION)

Date of Event (DOE)-

1. Central line criteria	Patient has central line in place for 2 days or more						Yes/No
	Or If removed: Central line was in place on the day of sample collection or the day before						Yes/No
2. Pathogen	Pathogen identified from one blood culture (Not related to infection at any other site)						Yes/No
3. Commensal (culture+ve & symptoms)	Commensal grown from two blood cultures (Not related to infection at other sites) and symptoms						Yes/No
	3a- (Adult) At least one:	Fever (>100.4°F) <input type="checkbox"/>	Chills <input type="checkbox"/>	Hypotension (SBP \leq 90) <input type="checkbox"/>			Yes/No
	3b- (<1 year) At least one:	Fever (>100.4°F) <input type="checkbox"/>	Hypothermia <input type="checkbox"/>	Apnea <input type="checkbox"/>	Bradycardia <input type="checkbox"/>		Yes/No
Final diagnosis	LCBI-2 (1+3a) <input type="checkbox"/>	LCBI-2 (1+3a) <input type="checkbox"/>	LCBI-3 (1+3b) <input type="checkbox"/>	Date of onset			

VAE (VENTILATOR ASSOCIATED EVENT):

Date of Event (DOE)-

MV criteria	Patient has mechanical ventilator (MV) in place for 2 days or more						Yes/No
	Or If removed: MV was in place on the day of sample collection or the day before						Yes/No
Baseline	Patient has a baseline period of stability or improvement on the ventilator, defined by ≥ 2 days of Stable or decreasing daily minimum PEEP (5 or less) or FiO ₂ (40% or less)						Yes/No
VAC	Increase in FiO ₂ dm by $\geq 20\%$ for ≥ 2 days <input type="checkbox"/>						Yes/No
	Or Increase in PEEPdm by ≥ 3 cm of H ₂ O for ≥ 2 days <input type="checkbox"/>						
i-VAC	Temperature >100.4°F or < 96.8 °F, OR WBC $\geq 12,000$ cells/mm or $\leq 4,000$ cells/mm <input type="checkbox"/>						Yes/No
	And A new antimicrobial agent is started within 5 days of DOE, and is continued for ≥ 4 days <input type="checkbox"/>						
P-VAP	Culture positive with significant growth (ET aspire- $\geq 10^5$ CFU/ml), (BAL, lung tissue - $\geq 10^4$) (brush - $\geq 10^3$) <input type="checkbox"/>						Yes/No
	Direct smear-Purulent resp. secretions (PC>25/LPF, EC<10/LFP) AND Culture positive (any growth) (from sputum, ET aspirate, BAL, lung tissue or brush) <input type="checkbox"/>						
Final diagnosis	VAC (Ventilator associated condition) <input type="checkbox"/>		i- VAC (infection related ventilator associated complication) <input type="checkbox"/>		P- VAP (Possible ventilator Associated pneumonia) <input type="checkbox"/>		

SSI (SURGICAL SITE INFECTION):

Date of Event (DOE)-

1.	Patient had a surgery within past 30 days or Surgery within 90 days if implant in place or breast, cardiac surgery of herniorrhaphy						Yes/No
2.	Wound class (Tick appropriate)	Clean <input type="checkbox"/>	Clean contaminated <input type="checkbox"/>	Contaminated <input type="checkbox"/>	Dirt <input type="checkbox"/>		
3.	PATOS (Present At the Time of Surgery)- visible pus/abscess at operation site; documented in OT note						Yes/No
4.	Any one of the following						
	SI-SSI (Superficial Incisional)	Any one of the following: 1. Purulent drainage from superficial incision <input type="checkbox"/> 2. Positive culture (pus/tissue) <input type="checkbox"/> 3. Incision opened, culture not sent but patient has at least one symptoms: pain or Tenderness; localized swelling; erythema; or heat. <input type="checkbox"/> 4. Clinician's diagnosis as S-SSI <input type="checkbox"/>				Yes/No	
	DI- SSI (Deep Incisional)	Any one of the following: 1. Purulent drainage from deep incision <input type="checkbox"/> 2. Positive culture (pus/tissue) <input type="checkbox"/> 3. Incision dehisces spontaneously or opened deliberately, culture not sent but patient has at least one symptoms: fever (>100.4°F), pain or tenderness. <input type="checkbox"/> 4. Abscess involving the deeper incision found at physical exam/histopath/imaging <input type="checkbox"/>				Yes/No	
	Organ/space SSI	Any one of the following: 1. Purulent drainage from drain through the organ or space <input type="checkbox"/> 2. Positive culture (pus/tissue) from the discharge from drain/organ or space <input type="checkbox"/> 3. Abscess involving the organ or space found at physical exam/histopath/imaging <input type="checkbox"/>				Yes/No	