NETCARE Sunninghill CDC Checklist

NETCARE GROUP

March 2025

- ✓ Who writes down a list of things you need to buy?
- ✓ Who makes a list of thing you still need to do?
- ✓ Who writes down your budget so that you don't forget to pay something?

- ✓ You can create checklists for your personal as well as your professional tasks.
- ✓ Did you know that a checklist is one of the oldest and cheapest and the easiest management technique?
- ✓ Benjamin Franklin is considered the father of the modern checklist,

Checklists are important because they

- ✓ **improve organization**,
- ✓ **enhance efficiency**,
- ✓ **reduce errors**, and
- ✓ ensure tasks are completed **thoroughly**

by providing a

- ✓ **clear**,
- ✓ **structured**, and
- ✓ **consistent framework** for carrying out activities

At its core, a checklist is a simple yet powerful tool that ensures **consistency and completeness** in carrying out tasks.

In project management, where oversight can lead to costly delays or quality issues, a checklist safeguards against the fallibility of human memory and attention.

By relying on a checklist to remember tasks, individuals can **free up mental energy** and focus on executing their work with **less stress**.

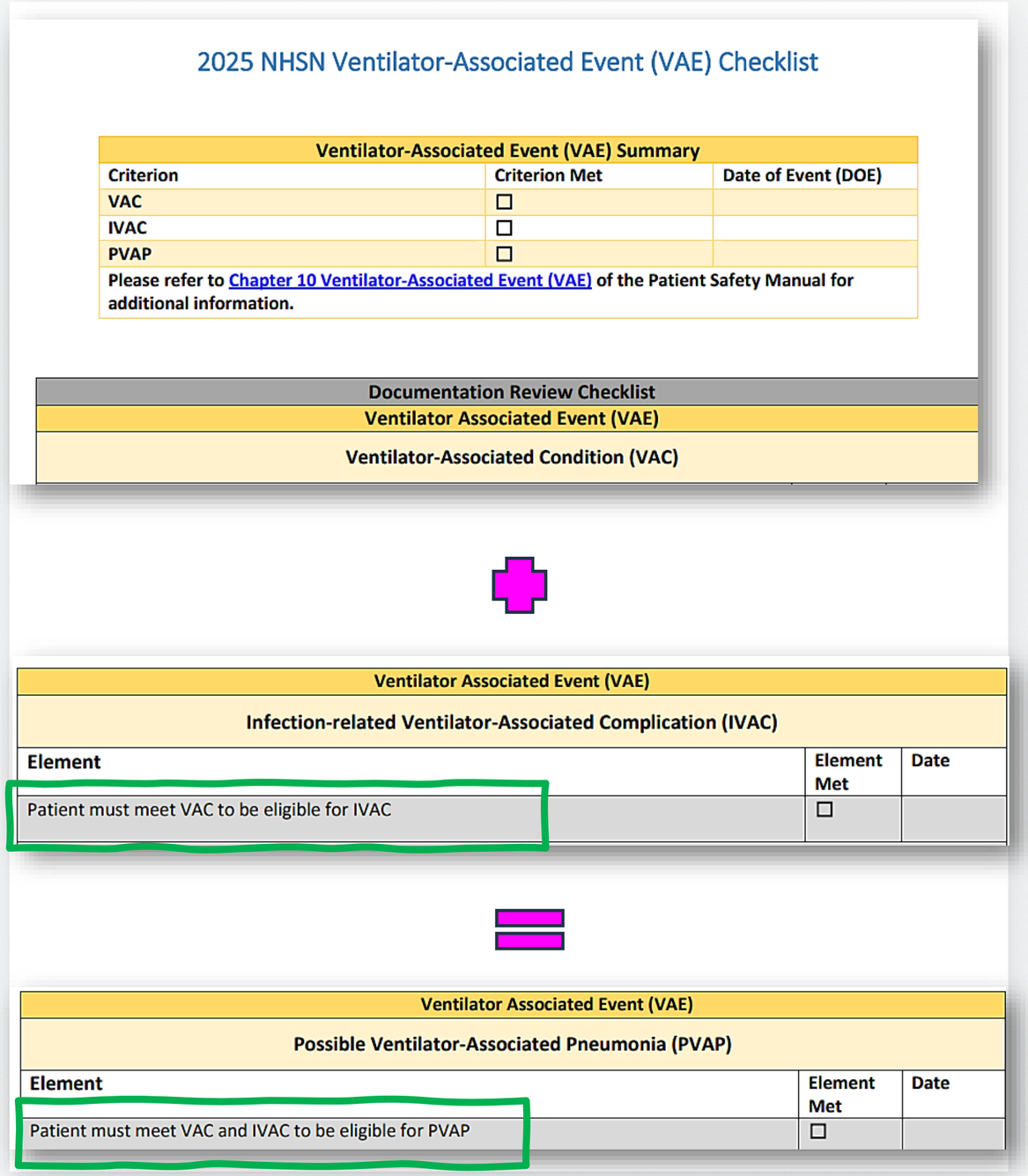
With clear and structured reminders of tasks, checklists ensure that **no steps or details are overlooked**, minimizing errors and the need for rework.

Checklists provide

- ✓ detail for every step in a process, thereby keeping things **organised.**
- ✓ Can be used as a **visual reminder**,
- ✓ a way of prioritising tasks and scheduling everything that needs to be done so deadlines are not missed.
- ✓ Simple, easy to use, and very effective in completing all the steps.

Benefits of the CDC checklist:

1. Improve organization
2. Enhance efficiency
3. Reduce errors
4. Ensure that surveillance is done thoroughly
5. It is clear
6. It is structured
7. It is a consistent framework.
8. Less stress
9. Free up mental energy
10. It is a visual reminder.
11. Simple, easy to use.
12. **It is evidence base – can defend your decision**.



2025 NHSN Ventilator-Associated Event (VAE) Checklist

Ventilator-Associated Event (VAE) Summary		
Criterion	Criterion Met	Date of Event (DOE)
VAC	☐	
IVAC	☐	
PVAP	☐	
Please refer to Chapter 10 Ventilator-Associated Event (VAE) of the Patient Safety Manual for additional information.		

Documentation Review Checklist
Ventilator Associated Event (VAE)
Ventilator-Associated Condition (VAC)

Ventilator Associated Event (VAE)		
Infection-related Ventilator-Associated Complication (IVAC)		
Element	Element Met	Date
Patient must meet VAC to be eligible for IVAC	☐	

Ventilator Associated Event (VAE)		
Possible Ventilator-Associated Pneumonia (PVAP)		
Element	Element Met	Date
Patient must meet VAC and IVAC to be eligible for PVAP	☐	

REPORTING INSTRUCTIONS

Conducting in-plan VAE surveillance means assessing patients for the presence of ALL events included in the algorithm—from VAC to IVAC to PVAP. At this time, a unit conducting in-plan VAE surveillance cannot decide, for example, that only surveillance for VAC (and not for IVAC or PVAP) will be performed.

1. There is a hierarchy of definitions within VAE: If a patient meets criteria for VAC and IVAC, report as IVAC. If a patient meets criteria for VAC, IVAC, and PVAP, report PVAP.

PVAP events - Excluded organisms

- ✓ “**Normal respiratory flora**,” “normal oral flora,” “mixed respiratory flora,” “mixed oral flora,” “altered oral flora” or
- ✓ other similar results indicating isolation of **commensal flora of the oral cavity or upper respiratory tract**.
- ✓ Any **Candida** species or yeast not otherwise specified;
- ✓ any **coagulase-negative Staphylococcus** species; and
- ✓ any **Enterococcus species**, when identified from sputum, endotracheal aspirates, bronchoalveolar lavage, or protected specimen brushings specimens.

These organisms can be reported as PVAP pathogens if identified **from lung tissue or pleural fluid**

Organisms that are typically causes of community associated respiratory infections and are rarely causes of healthcare-associated infections are also excluded, and cannot be used to meet the PVAP definition when isolated from any eligible specimen type including lung tissue and pleural fluid:

- ✓ Blastomyces,
- ✓ Histoplasma,
- ✓ Coccidioides,
- ✓ Paracoccidioides,
- ✓ Cryptococcus, and
- ✓ Pneumocystis.

There are three criteria that can be used to meet the PVAP definition:

- ✓ **Criterion 1:** Positive culture meeting the threshold in Table 3
- ✓ **Criterion 2:** Purulent respiratory secretions AND identification of organisms NOT meeting the thresholds specified in Table 3;
- ✓ **Criterion 3**: One of the following:

1. Organisms identified from pleural fluid specimen (where specimen was obtained during **thoracentesis** or within **24 hours of chest tube placement**; pleural fluid specimens collected after a **chest tube is repositioned** or from a chest tube **in place > 24 hours** are **not eligible** for PVAP)
2. Positive lung histopathology
3. Lower respiratory specimen cytology findings suggestive of infection
4. Positive diagnostic test for Legionella species or selected respiratory viruses.

Table 3: Threshold values for cultured specimens used in the PVAP definition

Specimen collection/technique	Values
Lung tissue	≥ 10^4 CFU/g tissue*
Bronchoscopically (B) obtained specimens	
Bronchoalveolar lavage (B-BAL)	≥ 10^4 CFU/ml*
Protected BAL (B-PBAL)	≥ 10^4 CFU/ml*
Protected specimen brushing (B-PSB)	≥ 10^3 CFU/ml*
Nonbronchoscopically (NB) obtained (blind) specimens	
NB-BAL	≥ 10^4 CFU/ml*
NB-PSB	≥ 10^3 CFU/ml*
Endotracheal aspirate (ETA)	≥ 10^5 CFU/ml*

CFU = colony forming units, g = gram, ml = milliliter

*Or corresponding semi-quantitative result (see **FAQ no. 20** in the VAE Protocol)

Documentation Review Checklist		
Urinary Tract Infection **Symptomatic UTI (SUTI)**		
SUTI 1a Catheter-associated Urinary Tract Infection (CAUTI)---Any Age Patient		
Element **Patient must meet 1, 2, and 3 below:**	**Element Met**	**Date**
1. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the date of event **AND** was either:		
• Present for any portion of the calendar day on the date of event[†] **OR**	☐	
• Removed the day before the date of event[‡]	☐	
2. Patient has at least ***one*** of the following signs or symptoms:		
• Fever (>38°C)	☐	
• Suprapubic tenderness*	☐	
• Costovertebral angle pain or tenderness*	☐	
• Urinary urgency^	☐	
• Urinary frequency^	☐	
• Dysuria^	☐	
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10^5 CFU/ml (see Comments). All elements of the SUTI criterion must occur during the IWP. (See IWP Definition Chapter 2 Identifying HAIs for NHSN Surveillance.)	☐	
Comments/Notes:		

Comments:

- ✓ “Mixed flora” cannot be reported as a pathogen for a UTI event.
- ✓ Additionally, “mixed flora” represents at least two species of organisms and cannot be used to meet the NHSN UTI criteria.
- ✓ Any additional organisms recovered from the same culture would be in addition to the mixed flora, meaning there are at least three organism present making the culture ineligible for use to meet NHSN UTI criteria.

The following excluded organisms **cannot** be used to meet the UTI definition:

- ✓ Any yeast or yeast species
- ✓ mold
- ✓ dimorphic fungi or
- ✓ parasites

An acceptable urine specimen may include the above organisms no more than one bacterium with ≥105 CFU/ml is also present.

Blood culture with these organisms **cannot be deemed secondary to a UTI** since the above non-bacterial organisms are excluded as organisms in the UTI definition.

- ✓ Suprapubic tenderness documentation - whether elicited by palpation (tenderness-sign) or provided as a subjective complaint of suprapubic pain (pain-symptom) - found in the medical record is **acceptable** to meet SUTI criterion if documented in the medical record during the Infection Window Period.

- ✓ **Lower abdominal pain or bladder or pelvic discomfort** are examples of symptoms that can be used as suprapubic tenderness.
- ✓ **Generalized "abdominal pain"** in the medical record is too general and **not** to be interpreted as suprapubic tenderness as there are many causes of abdominal pain.

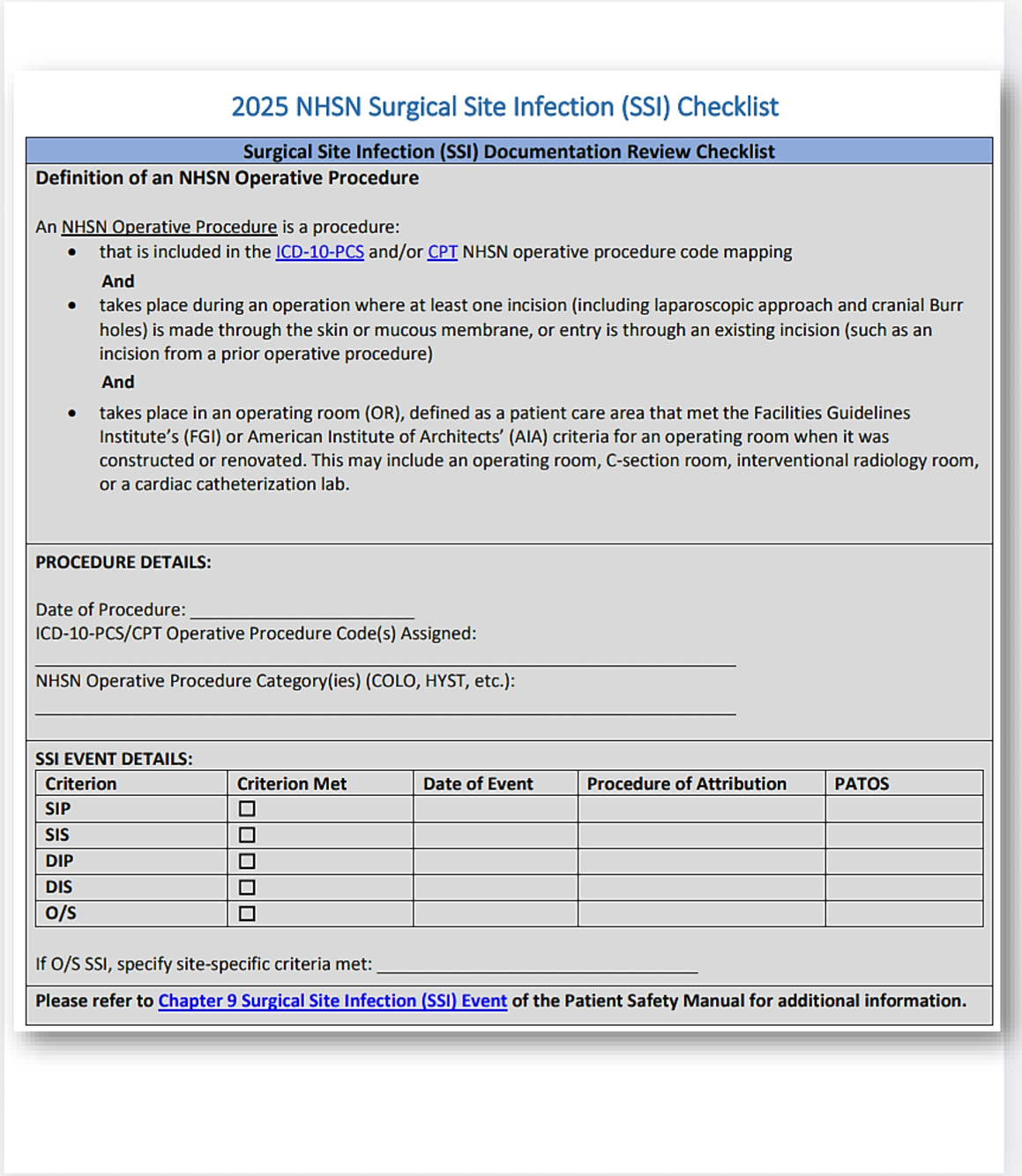
- ✓ **Lower back pain** (left, right, or bilateral) or flank pain (left, right, or bilateral) are examples of symptoms that can be used as costovertebral angle pain or tenderness.
- ✓ **Generalized "low back pain"** is not to be interpreted as costovertebral angle pain or tenderness

Indwelling Urinary Catheter (IUC):

- ✓ A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags).
- ✓ IUCs are often called Foley catheters.
- ✓ IUCs used for intermittent or continuous irrigation are also included in CAUTI surveillance.

Catheters not meeting the IUC definition may include but is not limited to:

- ✓ condom or straight in-and-out catheters.
- ✓ Nephrostomy tubes,
- ✓ ileoconduits, or
- ✓ suprapubic catheters do not meet the IUC definition unless an IUC is also present



2025 NHSN Surgical Site Infection (SSI) Checklist

Surgical Site Infection (SSI) Documentation Review Checklist

Definition of an NHSN Operative Procedure

An NHSN Operative Procedure is a procedure:

- that is included in the ICD-10-PCS and/or CPT NHSN operative procedure code mapping

And

- takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or entry is through an existing incision (such as an incision from a prior operative procedure)

And

- takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.

PROCEDURE DETAILS:

Date of Procedure: _____
ICD-10-PCS/CPT Operative Procedure Code(s) Assigned:
_____
NHSN Operative Procedure Category(ies) (COLO, HYST, etc.):
_____

SSI EVENT DETAILS:

Criterion	Criterion Met	Date of Event	Procedure of Attribution	PATOS
SIP	☐			
SIS	☐			
DIP	☐			
DIS	☐			
O/S	☐			

If O/S SSI, specify site-specific criteria met: _____

Please refer to Chapter 9 Surgical Site Infection (SSI) Event of the Patient Safety Manual for additional information.

There are two specific types of superficial incisional SSIs:

1. **Superficial Incisional Primary (SIP**) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB)

2. **Superficial Incisional Secondary (SIS)** – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB)

The following do not meet the criteria for Superficial incisional SSI:

- ✓ Diagnosis/treatment of **cellulitis does not** meet superficial incisional SSI criterion ‘d’.
- ✓ **A stitch abscess** alone (minimal inflammation and discharge confined to the points of suture penetration).
- ✓ A localized stab wound or pin site infection; depending on the depth, these infections might be considered either a skin (SKIN) or soft tissue (ST) infection.

The term “incision” refers to the incision made for the primary surgical procedure and the term “stab wound” refers to an incision made at another site, generally to accommodate a drain.

Operative procedure = a laparoscopic trocar site is considered a surgical incision and not a stab wound.
If a surgeon uses a laparoscopic trocar site to place a drain at the end of a procedure this is considered a surgical incision

There are two specific types of **deep incisional SSIs**:

1. **Deep Incisional Primary (DIP)** – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB)
2. **Deep Incisional Secondary (DIS)** – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB)
   Note: Refer to SSI Event Reporting Instruction #7 within Chapter 9 Surgical Site Infection (SSI) Event for NHSN operative procedure categories with secondary incision sites available for SSI attribution

Examples of gross anatomic evidence of organ/space infection:

- ✓ An intra-abdominal abscess will require an invasive procedure to **actually visualize the abscess.**
- ✓ Visualization of **pus or purulent drainage (includes from a drain).**
- ✓ Abdominal pain or tenderness post Cesarean section (CSEC) or hysterectomy (HYST or VHYS) is sufficient **gross anatomic evidence** of infection without an invasive procedure to meet general Organ/Space SSI criterion 'c' when a Chapter 17 Reproductive Tract Infection criterion is met.

Surgical Site Infection (SSI)		
Organ/Space SSI (O/S)		
Element	**Element Met**	**Date**
Must meet the following criteria:		
Date of event occurs within 30 or 90 days following the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 (see below)	☐	
AND		
involves the organ/space tissues (deeper than the fascia/muscle)	☐	
AND Patient has at least ***one*** of the following:		
a. purulent drainage from a drain placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage).	☐	
b. organism(s) identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]).	☐	
c. an abscess or other evidence of infection involving the organ/space detected on • gross anatomical exam or • histopathologic exam or • imaging test evidence definitive or equivocal for infection	☐	
AND		
Meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3 (see below). These criteria are found in the Surveillance Definitions for Specific Types of Infections (Chapter 17).	☐	
Comments: Examples of gross anatomic evidence of organ/space infection: • An intraabdominal abscess will require an invasive procedure to actually visualize the abscess. • Visualization of pus or purulent drainage (includes from a drain). • Abdominal pain or tenderness **post Cesarean section (CSEC) or hysterectomy (HYST or VHYS)** is sufficient gross anatomic evidence of infection without an invasive procedure to meet general Organ/Space SSI criterion 'c' **when a Chapter 17 Reproductive Tract Infection criterion is met**. Allowing the documentation of abdominal pain or tenderness as gross anatomic evidence of infection to meet general Organ/Space SSI criterion 'c' enables the user to report an SSI-OREP, SSI-EMET, or SSI-VCUF event. Abdominal pain or tenderness cannot be applied as 'other evidence of infection on gross anatomic exam' to meet Deep Incisional SSI criterion 'c' or to meet any Chapter 17 site-specific criterion (for example, OREP 2).		

Infection present at time of surgery (PATOS):

PATOS is a YES/NO field found on the SSI event form.

PATOS denotes there was evidence of infection visualized (seen) during the surgical procedure to which a subsequent SSI is attributed.

The evidence of infection **must be noted** intraoperatively and documented within the narrative portion of the operative note or report of surgery to be eligible for PATOS (pre/post op diagnoses, 'indication for surgery', and other headings routinely included in an operative note are not eligible with answering PATOS).

Key points for consideration:

✓ Only select PATOS = when it applies to the **depth of the SSI** that is being attributed to the procedure.

Examples:

✓ When a patient has documentation of an intraabdominal infection at time of surgery and then later returns with an organ/space SSI, PATOS = YES.

✓ When a patient has documentation of an intraabdominal infection at time of surgery and then later returns with a superficial or deep incisional SSI, PATOS = NO.

Examples

- ✓ abscess,
- ✓ infection,
- ✓ purulence/pus,
- ✓ phlegmon,
- ✓ osteomyelitis, or
- ✓ “feculent peritonitis”.
- ✓ A ruptured/perforated appendix is evidence of infection at the organ/space level.

c) Examples of what is not considered evidence of infection

- ✓ colon perforation,
- ✓ contamination,
- ✓ necrosis,
- ✓ gangrene,
- ✓ faecal spillage,
- ✓ nicked bowel during procedure,
- ✓ murky fluid, or
- ✓ documentation of inflammation.
- ✓ The use of the ending “itis” in an operative note/report of surgery does not automatically meet PATOS, as it may only reflect inflammation which is not infectious in nature (for example, diverticulitis, peritonitis, and appendicitis).

PATOS application:

- ✓ **Pathology report findings and imaging test findings** cannot be used for PATOS determination.
- ✓ Identification of an organism using culture or non-culture based **microbiologic testing method or on a pathology** report from a surgical specimen cannot be used for PATOS determination.
- ✓ **Wound class assignment** cannot be used for PATOS determination.
- ✓ **Trauma** resulting in a contaminated case does not automatically meet the PATOS requirement.
- ✓ For example, a fresh gunshot wound to the abdomen may be a trauma with a high wound class but there would not be time for infection to develop.

Examples:

- ✓ A patient undergoes an XLAP where there is a finding of a ruptured appendix and an APPY is performed. Two weeks later the patient meets criteria for an organ/space IAB SSI. The PATOS field is selected as YES since a ruptured appendix is noted at time of surgery in the same tissue level as the subsequent SSI.

- ✓ During a COLO procedure the surgeon documents multiple abscesses in the intraabdominal cavity. Patient returns three weeks later and meets criteria for a superficial incisional SSI = The PATOS field is selected as NO since there was no documentation of evidence of infection of the superficial tissues at time of the COLO

- ✓ During a CSEC the surgeon nicks the bowel and there is contamination of the intraabdominal cavity.
- ✓ One week later the patient meets criteria for an organ/space OREP SSI.
- ✓ The PATOS field is selected as NO since there is no documentation of evidence of infection at the time of the CSEC.
- ✓ The colon nick is a complication but there is not infection present at time of surgery.

- ✓ Patient undergoes an AMP due to chronic ischemia.
- ✓ The patient returns two weeks later and meets criteria for a deep incisional SSI.
- ✓ The PATOS field is selected as NO since there is not documentation of evidence of infection at time of the AMP.
- ✓ Chronic ischemia is not sufficient for evidence of infection.

Table 2. Surveillance Periods for SSI Following Selected NHSN Operative Procedure Categories.
Day 1 = the date of the procedure.

30-day Surveillance			
Category	**Operative Procedure**	**Category**	**Operative Procedure**
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Cesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THYR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory Laparotomy

90-day Surveillance	
Category	**Operative Procedure**
BRST	Breast surgery
CARD	Cardiac surgery
CBGB	Coronary artery bypass graft with both chest and donor site incisions
CBGC	Coronary artery bypass graft with chest incision only
CRAN	Craniotomy
FUSN	Spinal fusion
FX	Open reduction of fracture
HER	Herniorrhaphy
HPRO	Hip prosthesis
KPRO	Knee prosthesis
PACE	Pacemaker surgery
PVBY	Peripheral vascular bypass surgery
VSHN	Ventricular shunt

Table 3. Specific Sites of an Organ/Space SSI

Category	Specific Site	Category	Specific Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity infection (mouth, tongue, or gums)
DISC	Disc space infection	OREP	Deep pelvic tissue infection or other infection of the male or female reproductive tract
EAR	Ear, mastoid infection	PJI	Periprosthetic joint infection
EMET	Endometritis	SA	Spinal abscess/infection
ENDO	Endocarditis	SINU	Sinusitis
GIT	Gastrointestinal (GI) tract infection	UR	Upper respiratory tract, pharyngitis, laryngitis, epiglottitis
IAB	Intraabdominal infection, not specified elsewhere	USI	Urinary System Infection
IC	Intracranial infection	VASC	Arterial or venous infection
JNT	Joint or bursa infection	VCUF	Vaginal cuff infection
LUNG	Other infection of the lower respiratory tract		

Notes:

- Criteria for these sites can be found in Chapter 17 Surveillance Definitions for Specific Types of Infections.
- Appendix A found within Chapter 9 Surgical Site Infection [SSI] Event contains a complete list of all NHSN operative procedure categories and the corresponding site-specific SSIs that may be attributable to each category.

Notes:

- **Superficial incisional SSIs are monitored for a 30-day period for all procedure categories.**
- **Secondary incisional SSIs are monitored for a 30-day period regardless of the surveillance period for the primary incision site**

2025 NHSN Laboratory Confirmed Bloodstream Infection (LCBI) Checklist

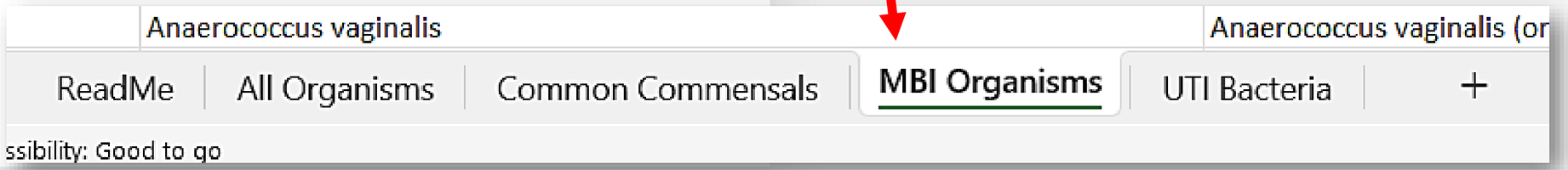
Laboratory Confirmed Bloodstream Infection (LCBI) Summary		
Criterion	**Criterion Met**	**Date of Event (DOE)**
LCBI 1	☐	
LCBI 2	☐	
LCBI 3	☐	
MBI-LCBI 1	☐	
MBI-LCBI 2	☐	
MBI-LCBI 3	☐	
Please refer to Chapter 4 Bloodstream Infection (BSI) Event of the Patient Safety Manual for additional information.		

Once an LCBI is identified, refer to Chapter 4 Bloodstream Infection (BSI) Event of the NHSN Patient Safety Component Manual at https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf for reporting instructions and additional guidance on making central line-associated (CLABSI) determinations and exclusions.

NHSN Terminology | NHSN | CDC

Documentation Review Checklist		
Laboratory Confirmed Bloodstream Infection (LCBI)		
LCBI 1 If LCBI 1 criteria is met, consider MBI-LCBI 1		
Element	**Element Met**	**Date**
Patient of any age has		
• A recognized bacterial or fungal pathogen not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture **OR** 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT)* methods (for example, T2 Magnetic Resonance [T2MR] ornext-generation sequencing [NGS]). ***Note:*** *If blood is collected for culture within 2 days before or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.* *For the purposes of meeting LCBI 1, NCT is defined as a methodology that identifies an organism directly from a blood specimen without inoculation of the blood specimen to any culture media.	☐ ☐	
AND		
• Organism(s) identified in blood is not related to an infection at another site (See Chapter 4 Appendix: Secondary BSI Guide).	☐	
Notes: 1. If a patient meets both LCBI 1 and LCBI 2 or LCBI 3 criteria, report LCBI 1 with the recognized pathogen entered as pathogen #1 and the common commensal as pathogen #2. 2. An eligible organism in the blood specimen is the only element needed to meet LCBI 1 criterion; therefore, the LCBI 1 DOE will always be the collection date of the first positive blood specimen used to set the BSI IWP.		
Comments/Notes:		

Documentation Review Checklist		
Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infection (MBI-LCBI)		
Must meet one of the following MBI-LCBI criteria		
MBI-LCBI 1		
Element	**Element Met**	**Date**
Patient of **any age fully meets LCBI 1 criterion** with at least **one** blood specimen:		
1. Identified from one or more blood specimens obtained by a culture **OR** 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods (for example, T2 Magnetic Resonance [T2MR] or next-generation sequencing [NGS]). ***Note:*** *If blood is collected for culture within 2 days before or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.*	☐	
AND		
ONLY organisms from the NHSN MBI organism list are identified*	☐	
AND **Patient meets at least *one* of the following:**		
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with **one of the following** documented during same hospitalization as positive blood specimen:	☐	
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	☐	
OR		
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	☐	
OR		
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm^3 collected within a 7-day time period which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	☐	



Documentation Review Checklist		
Laboratory Confirmed Bloodstream Infection (LCBI)		
LCBI 2 If LCBI 2 criteria is met, consider MBI-LCBI 2		
Element	**Element Met**	**Date**
Patient of any age has at least ***one*** of the following signs or symptoms:		
• Fever (> 38°C)	☐	
• Chills	☐	
• Hypotension	☐	
AND		
• Organism(s) identified in blood is not related to an infection at another site (See Chapter 4 Appendix: Secondary BSI Guide).	☐	
AND		
• The same NHSN common commensal is identified by a culture from two or more **blood specimens** collected on separate occasions (see Blood Specimen Collection). For common commensal organisms, refer to the NHSN Terminology Browser.	☐	
Notes: 1. Criterion elements must occur within the 7-day IWP (as defined in Chapter 2 Identifying HAIs for NHSN Surveillance) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after. 2. The two matching common commensal specimens represent a single element for use in meeting LCBI 2 criterion and the collection date of the ***first*** specimen is used to determine the BSI IWP. 3. At least one element (specifically, a sign or symptom of fever, chills, or hypotension) is required to meet LCBI 2 criterion; the LCBI 2 DOE will always be the date the ***first*** element occurs for the first time during the BSI IWP, whether that be a sign or symptom or the positive blood specimen.		
Comments/Notes:		

MBI-LCBI 2		
Patient of **any age fully meets LCBI 2 criterion** with at least **two matching** blood specimens identified by culture	☐	
AND		
ONLY Viridans Group *Streptococcus* and/or ***Rothia* spp.** alone but no other organisms are identified†	☐	
AND **Patient meets at least *one* of the following:**		
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with **one of the following** documented during same hospitalization as positive blood specimen:	☐	
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	☐	
OR		
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	☐	
OR		
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm^3 collected within a 7-day time period which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	☐	

Documentation Review Checklist		
Laboratory Confirmed Bloodstream Infection (LCBI)		
LCBI 3 If LCBI 3 criteria is met, consider MBI-LCBI 3		
Element	**Element Met**	**Date**
Patient ≤ 1 year of age has at least ***one*** of the following signs or symptoms:		
• Fever (> 38°C)	☐	
• Hypothermia (< 36.0°C)	☐	
• Apnea	☐	
• Bradycardia	☐	
AND		
• Organism(s) identified in blood is not related to an infection at another site (See Chapter 4 Appendix: Secondary BSI Guide).	☐	
AND		
• The same NHSN common commensal is identified by a culture from two or more **blood specimens** collected on separate occasions (see Blood Specimen Collection). For common commensal organisms, refer to the NHSN Terminology Browser.	☐	

Notes:

1. Criterion elements must occur within the 7-day IWP (as defined in Chapter 2 Identifying HAIs for NHSN Surveillance) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.
2. The two matching common commensal specimens represent a single element for use in meeting LCBI 3 criterion and the collection date of the ***first*** specimen is used to determine the BSI IWP.
3. At least one element (specifically, a sign or symptom of fever, hypothermia, apnea, or bradycardia) is required to meet LCBI 3 criterion; the LCBI 3 DOE will always be the date the ***first*** element occurs for the first time during the BSI IWP whether that be a sign or symptom or the positive blood specimen.

Comments/Notes:

MBI-LCBI 3		
Patient **≤1 year of age fully meets LCBI 3 criterion** with at least **two matching** blood specimens identified by culture	☐	
AND		
ONLY Viridans Group *Streptococcus* and/or ***Rothia*** **spp.** alone but no other organisms are identified†	☐	
AND **Patient meets at least *one* of the following:**		
1. Is an allogeneic hematopoietic stem cell transplant recipient within the past year with **one of the following** documented during same hospitalization as positive blood specimen:	☐	
a. Grade III or IV gastrointestinal graft versus host disease [GI GVHD]	☐	
OR		
b. ≥1-liter diarrhea in a 24-hour period (or ≥20 mL/kg in a 24-hour period for patients <18 years of age) with onset on or within the 7 calendar days before the date the positive blood specimen was collected.	☐	
OR		
2. Is neutropenic, defined as at least two separate days with ANC and/or WBC values <500 cells/mm^3 collected within a 7-day time period which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after (See Chapter 4 Table 5).	☐	
• An MBI-LCBI is a subset of the LCBI criteria; therefore, a BSI event must fully meet an LCBI criterion before evaluating for the corresponding MBI-LCBI criterion. • The MBI-LCBI DOE will always be the date the prerequisite LCBI criteria are met. Abnormal ANC and WBC values reflect risk factors for acquiring an MBI-LCBI, not symptoms of infection and therefore are not used in DOE determinations.		

Notes:

1. If a patient meets both MBI-LCBI 1 and MBI-LCBI 2 criteria or MBI-LCBI 3 criteria (specifically has Viridans Group *Streptococcus* or *Rothia* spp. and only MBI organisms in the blood specimen), report organisms as MBI-LCBI 1 with the recognized pathogen as pathogen #1 and the common commensal as pathogen #2.
2. Any combination of ANC and/or WBC values can be used to meet neutropenic criteria provided they are collected on separate days within the 7-day period that includes the date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.
3. When a blood specimen positive for an organism not included on the NHSN MBI organism list is collected during the BSI RIT of an MBI-LCBI, the initial MBI-LCBI event is edited to an LCBI and the identified non-MBI organism is added.

Blood Specimen Collection The “two or more blood specimens drawn on separate occasions” criterion is met if there is blood collected from at least two separate blood draws on the same or consecutive calendar days AND the blood cultures are assigned separate specimen numbers, processed individually, and are reported separately in the final laboratory report.

1. Specimen Collection Considerations: Blood specimens drawn **through central lines can have a higher rate of contamination** than blood specimens collected through peripheral venipuncture. However, all positive blood specimens, regardless of the site from which they are drawn or the purpose for which they are collected, must be included when conducting in-plan CLABSI surveillance (for example, weekly blood cultures performed in hematology and oncology locations).

2. **Catheter tip** cultures cannot be used in place of blood specimens for meeting LCBI criteria.

3. In MBI-LCBI 1, 2 and 3, “no other organisms” means there is no identification of a non-MBI-LCBI pathogen (such as S. aureus) or 2 matching common commensals (such as coagulase-negative staphylococci) collected from the blood on separate occasions that would otherwise meet LCBI criteria. If this occurs, the infection does not meet MBI-LCBI criteria.

Important:

If your culture does not fit any criteria it is a Contamination it can never be a Colonization in the blood.

Take home:

- ✓ Read the fine print
- ✓ Complete the CDC document or it your company is digital write a comment on what criteria and why…
- ✓ If something is worth doing, it worth doing it with excellence.

THANK YOU

Providing YOU with the best and safest care.

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