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 #	Optional. Enter the patient's Medicare number.
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 (DOE)	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. **Note:** 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

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	infection develops after the device is pulled, use the last day of the previous month as the Date of Event.
Post-procedure BSI	Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility, otherwise check N.
NHSN procedure code	Conditionally required. If Post-procedure BSI = Y, enter the appropriate NHSN procedure code. **Note:** 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.
ICD-10-PCS and CPT procedure code	Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is entered, the NHSN code name will be auto-entered by the computer. If the NHSN code name is entered first, you will have the option to also manually select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The only allowed ICD-10-PCS or CPT codes are those found in the excel documents in the SSI section of the NHSN website in the "Supporting Materials" section.
MDRO Infection Surveillance	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-*Klebsiella*, CRE (*E. coli, Klebsiella pneumoniae, Klebsiella oxytoca,* or *Enterobacter*), MDR-*Acinetobacter,* or *C. difficile*. 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.
Location	Required. Enter the inpatient location to which the patient was assigned on the date of the BSI event. 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).
Date admitted to facility	Required. Enter date patient is physically admitted to an inpatient location using this format: MM/DD/YYYY. Do not use the date the admission order is written. If a patient is sent to an inpatient location as an "observation" patient, they are considered admitted for NHSN purposes.

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	When reporting a BSI which occurs on the day of or day after discharge use the previous date of admission as admission date.
Risk Factors: **If ICU/Other locations:** **Central line? Y N †(See exceptions to marking Y)**	**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 an eligible CL (specifically, an accessed CL that has been in place for more than 2 consecutive calendar days) on the BSI DOE, and is still in place on the BSI DOE or the day before, otherwise check N. The day of device insertion = CL Day 1. If the patient was admitted or transferred into a facility with a central line in place, and it is the patient's only CL, the first day of access in an inpatient location is considered CL Day 1 for making determinations about CLABSI event eligibility (CL attribution).
Risk Factors: If Specialty Care Area/Oncology: Central line? Y N †(See exceptions to marking Y)	**Required. Answer these questions if the location is an SCA or oncology location:**
Permanent central line	• Check Y if patient had an eligible tunneled or implanted CL (specifically, an accessed CL that has been in place for more than 2 consecutive calendar days) on the BSI DOE, and is still in place on the BSI DOE or the day before otherwise, check N. Day of device insertion = CL Day 1. If the patient is admitted or transferred into a facility with a CL in place, and it is the patient's only CL, the first day of access in an inpatient location is considered CL Day 1 for making determinations about CLABSI event eligibility (CL attribution).
Temporary central line	• Check Y if patient had an eligible non-tunneled or non-implanted CL (specifically, an accessed CL that has been in place for more than 2 consecutive calendar days) on the BSI DOE, and is still in place on the BSI DOE or the day before otherwise, check N. Day of device insertion = CL Day 1. If the patient was admitted or transferred into a facility with a CL in place, and it is the patient's only CL, the first day of access in an inpatient location is considered CL Day 1 for making determinations about CLABSI event eligibility (CL attribution).

Risk Factors: If NICU:	**Required. Answer these questions if the location is an NICU:**
Central line? Y N †(See exceptions to marking Y)	• Check Y if patient had an eligible CL (specifically, an accessed CL present for more than 2 consecutive calendar days) on the BSI DOE, and still in place on the BSI DOE or the day before otherwise, check N. The day of device insertion = CL Day 1. If the patient was admitted or transferred into a facility with a CL in place and it is the patient's only CL, the first day of access in an inpatient location is considered CL Day1 for making determinations about CLABSI event eligibility (CL attribution).
Birth weight	Enter patient's weight at the time of birth in grams, <u>not</u> the weight on the date of event.
† Exceptions to marking Central Line field Y.	†For all location types, **the following scenarios include LCBIs that are not considered CL associated <u>regardless of the presence of an eligible CL.</u> The "central line" risk factor field should be marked "no" if reporting to NHSN when accompanied by the requirements listed:** a. If there is <u>documentation</u> of observed or suspected patient injection into vascular access lines, within the BSI infection window period. b. If there is documentation of a diagnosis during the current admission, of Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP), c. A patient has one of the following vascular access sites and the BSI can clearly be attributed to that vascular site (specifically, a specimen collected from the vascular insertion site that has at least one matching organism to an organism identified in blood). • Arterial catheter • Arteriovenous fistula • Arteriovenous graft • Atrial catheter (right or left) (also known as transthoracic intra-cardiac catheters, those catheters inserted directly into the right or left atrium via the heart wall) • Hemodialysis reliable outflow (HERO) dialysis catheter • Intra-aortic balloon pump (IABP) device

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	• Non-accessed CL (those neither inserted nor used during current admission) • Peripheral IV or midline catheter
Any hemodialysis catheter present	Required. Check Y if the patient had any CL in place for the purpose of hemodialysis. Check N if the patient had no CL in place for the purpose of hemodialysis. If the patient has >1 CL at the time of the event, check Y if any were in place for the purpose of hemodialysis. There is no requirement for this CL to have been accessed to check Y.
Extracorporeal life support present (in other words ECMO):	Required. Check Yes, if patient was on Extracorporeal Life Support (ECLS) for more than 2 consecutive calendar days on the BSI DOE and was still on (ECLS) on the BSI DOE or the day before otherwise, check No.
Ventricular assist device (VAD) present:	Required. Check Yes, if patient had a VAD present for more than 2 consecutive calendar days on the BSI DOE, and it is still in place on the BSI DOE or the day before otherwise, check No.
Munchausen Syndrome By Proxy	Optional. Check Yes if there was documented suspicion during the hospitalization of Munchausen Syndrome By Proxy, otherwise check No or leave blank.
Self-injection into IV line	Optional. Check Yes if there was documentation of observed or suspected injection into an IV line by the patient during the BSI Infection window period, otherwise check No or leave blank.
Epidermolysis bullosa	Optional. Check Yes if there was documentation of epidermolysis bullosa during hospitalization associated with the BSI, otherwise check No or leave blank.
Pus at the vascular insertion site with matching organism identified from the vascular site and blood	Optional. Check Yes if there is pus at the vascular insertion site and an organism is identified from that site, during the BSI infection window period, that matches at least one organism from the blood specimen, otherwise check No or leave blank. If Yes, choose the appropriate vascular site.
Location of device insertion	Optional. Enter the patient location where the CL was inserted. • If the patient has more than one CL, enter the location where the first CL was inserted. • If the patient has both a permanent and a temporary CL, enter the location where the temporary line was inserted.
Date of device insertion	Optional. Enter the date the CL was inserted. If the patient has more than one CL, facility may choose which insertion date to record.
Event Details:	Required. Check Laboratory-confirmed (LCBI).

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Specific event	
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 genus (for example, *Bacillus natto* is not on the NHSN list so this would be reported as *Bacillus*). **Note:** When reporting an LCBI 1 with a recognized pathogen and a common commensal, the recognized pathogen **must** be listed as pathogen #1 with the common commensal listed as pathogen #2.

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Antimicrobial agent and susceptibility results	Conditionally required if Pathogen Identified = Y. • For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed. • For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional. • 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.
Custom Fields	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. **Note:** Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information on the event.