VINA RES

PAT FORM Patient data (to collect for all patients)

Hospital code: _____

Ward (ICU) name:

Survey date: _____ / _____ / 20_____ (dd/mm/20yy)

Patient code: _____ **Sex:** M   F

Age: _____ years; **if** < 2 years old: _____ months

Date of hospital admission (dd/mm/20yy xx:xx) ___ /___ / 20_____

Date of ICU admission (dd/mm/20yy xx:xx) ____ /____ / 20_____ **Hour:**

Admission source
O Other hospital
O Community
O OR/Recovery
O Intra-hospital
O Others, specify
_____

Type of admission:
• **Surgical:** O Elective   O Emergency   O Trauma
• **Medical:** O communicable disease; O non-communicable disease

Reason for ICU admission:
_____

Consultant/patient specialty: _____

Surgery since admission:
; O No surgery; O Minor surgery*; O Major surgery**; O Unknown

Central vascular catheter: O No   O Yes O Unknown
Peripheral vascular catheter: O No   O Yes O Unknown
Urinary catheter: O No   O Yes O Unknown
Intubation: O No   O Yes O Unknown
Patient receives **antimicrobial(s)**[1]: O No   O Yes O Unknown if yes
Patient has **active HAI**[2]: O No   O Yes O Unknown   if yes

Comorbidities (several choices possible):
O 1=COPD   O 2=Cancer   O 3=Metastatic cancer   O 4=Hematologic cancer
O 5=Diabetes mellitus   O 6=Heart failure O 7= Chronic Renal Failure,
creatinine level:_____μmol/L   O 8=HIV O 9=Cirrhosis O 10=Stroke O
11=Immuno-supression O 12=Steroid therapy O 13=Other

McCabe score:
O Non-fatal disease   O Ultimately fatal disease O Rapidly fatal disease   O Unknown

* Under local anesthesia ** Under general and/or regional anesthesia
1) Fill in antimicrobial use data if: Antimicrobial(s) used at the time of the survey.
(2) Fill in HAI data if: [infection with onset ≥ day 3 after any hospital admission, OR Surgical Site Infection following surgery in previous 30days OR discharged from acute care hospital < 48 hours, OR *Clostridium Difficile* Infection and discharged from acute care hospital < 28 days OR onset < day 3 after invasive device/procedure on D1 or D2] **OR** patient on treatment for HAI and met the criteria at initiation of treatment.

Antimicrobial and HAI data

Antimicrobial (generic or brand name)	Route	Indication	Diagnosis (site)	Reason in notes

Route: P: parenteral, O: oral, R: rectal, I: inhalation. **Indication**: CI - LI - HI: treatment intention for community-acquired (CI), long-/intermediate-term care-acquired (LI), or acute hospital-acquired infection (HI); surgical prophylaxis: SP1: single dose, SP2< 24h, SP3> 24h; MP: medical prophylaxis; ; MP: medical prophylaxis; O: other; UI: unknown indication. **Diagnosis:** see site list, only for treatment intention. **Reason in notes:** Yes - if antibiotic treatment is motivated from clinical or microbiological perspective. Otherwise - No

	HAI 1	HAI 2	HAI 3
Case definition code			
Relevant device in situ before onset(3)	O Yes O No O Unknown	O Yes O No O Unknown	O Yes O No O Unknown
Present at admission	O Yes O No	O Yes O No	O Yes O No
Date of onset(4)	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
Origin of infection	O current hospital O other hospital O other origin/unk	O current hospital O other hospital O other origin/unk	O current hospital O other hospital O other origin/unk
If BSI: source(5)			

	MO code	R(6)	MO code	R(6)	MO code	R(6)
Microorganism 1						
Microorganism 2						
Microorganism 3						

(3) Relevant device use (intubation for PN, CVC/PVC for BSI, urinary catheter for UTI) within 48 hours before onset of infection (even intermittent use), seven days for UTI. **(4)** Only for infections not present/active at admission (dd/mm/yyyy). **(5)** C-CVC, C-PVC, S-PUL, S-UTI, S-DIG, S-SSI, S-SST, S-OTH, UO, UNK. **(6)** AMR marker 0, 1, 2 or 9, see table.