



**Blood Stream Infection Surveillance Form  
(BSI /MOH/2015/1)**

**A. CASE IDENTIFICATION DATA**

Name : _____	RN: _____
I/C or Passport No: _____	Gender : Male/ Female      Age: _____
Hospital : _____	Department: _____
Ward: _____	Date of Admission: _____

**B. CLINICAL DATA**

i.      **Clinical Diagnosis** \_\_\_\_\_

ii.     **Investigation criteria [√ where appropriate]**

a. ≥ 48 hours admission	
b. Dialysis within 30 days	
c. Surgery within 30 days	
d. Ambulatory onco therapy within 30 days	
e. Surgical implant within 1 year	
f. Admission to ICU ≥ 24 hours	
g. Newborn ≥ 24 hours	
h. Case of antibiotic resistance	

**iii. General predisposing risk factors [v where appropriate]**

a. Hematology condition	
b. Oncology condition	
c. Immunosuppressive therapy	
d. Parenteral nutrition	
e. Solid organ transplant	
f. Prosthetic implant	
g. Medical, surgical or anaesthetic procedure within 48 hours prior to BSI	
h. No risk factor	

**iv. Type of devices used before the onset of BSI [v where appropriate]**

Device	Date of insertion	Location of insertion
a. Central venous catheter		
b. Arterial catheter		
c. Umbilical catheter		
d. Peripheral venous line		

**v. Antibiotic therapy given in the past 2 weeks [v where appropriate]**

No.	Name and Group of Antibiotic	Indication			Date commenced	Route of admission	Duration (days)	**Meet local policy (YES/NO)
		Empirical	Therapeutic	Prophylaxis				

**\*\* National Antibiotic Guideline/ Hospital Antibiotic Guideline**

**C. MICROBIOLOGICAL DATA (Please attach the relevant positive C&S report)**

Date of collection	Date of lab report	Organism isolated	Antibiotic susceptibility report

**D. OUTCOME DATA – at one month of diagnosis**

Alive

Died

BSI contributed to the death Yes

No

**E. DIAGNOSIS**

CLABSI

Non CLABSI

**Reported by:**

Signature: \_\_\_\_\_

Name and Designation: \_\_\_\_\_

Date: \_\_\_\_\_