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 #	Conditionally required. Enter the patient's Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Sex	Required. Select "F-Female" or "M-Male".
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; otherwise select Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian or Alaska Native (1002-5) Asian (2028-9) Black or African American (2054-5) Middle Eastern or North African (2118-8) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Language	Optional. Specify the patient's preferred language from the NHSN abridged primary language list available at: https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx

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	Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Interpreter Needed?	Optional. Select YES if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO. Declined to respond Unknown **NOTE**: Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available.
Event type	Required. BSI.
Date of event	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 discontinued on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is discontinued, 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 procedure code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to 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 NHSN ICD-10-PCS and CPT codes are found in the "Operative Procedure Code Documents" section of the Surgical Site Infection (SSI) Events page on the NHSN website.

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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, Klebsiella aerogenes,* 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. 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	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 a central line (CL) **present for more than 2 calendar days on the date of event or the day before** otherwise, check N. The day of device insertion equals day 1. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day 1.

Data Field	Instructions for Data Collection
Risk Factors: If Specialty Care Area/Oncology, Permanent central line	Check all that apply. For hemodialysis catheter question choose Yes or No. Required. Answer these questions if the location is an SCA or oncology location: Check box if patient had a tunneled or implanted central line (CL) present for more than 2 calendar days on the date of event or the day before otherwise, leave check box blank. The day of device insertion = Day 1. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day 1.
Temporary central line	Check box if patient had a non-tunneled or non-implanted central line (CL) present for more than 2 calendar days on the date of event or the day before, otherwise leave check box blank. The day of device insertion = Day 1. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day 1.
Risk Factors: If NICU, Central line	Required. Answer these questions if the location is an NICU: Check box if patient had a central line (CL) or umbilical catheter (UC) present for more than 2 calendar days on the date of event or the day before otherwise leave check box blank. The day of device insertion equals day 1. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day 1.
Birth weight	Required. Enter patient's weight at the time of birth in grams, <u>not</u> the weight on the date of event.
Any hemodialysis catheter present	Required. Check Y if the patient had any central line in place for the purpose of hemodialysis. There is no requirement for this central line to have been accessed. Check N if the patient had no central line in place for the purpose of hemodialysis.
Extracorporeal life support present (ECLS)	Required. Check box if patient was on Extracorporeal life support (for example, extracorporeal membrane oxygenation [ECMO]) for more than 2 days on the date of event and is still in place on the date of event or the day before, otherwise leave check box blank.
Ventricular assist device (VAD) present:	Required. Check box if patient had a VAD present for more than 2 days on the date of event and is still in place on the date of event or the day before, otherwise leave check box blank.

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Munchausen's Syndrome By Proxy	Required. Check box if there was documentation or diagnosis of known or suspected Munchausen's Syndrome By Proxy during the hospitalization also known as factitious disorder imposed on another, otherwise leave check box blank.
Suspected/observed self IV injection	Required. Check box if there was documentation of observed or suspected injection into an IV line by the patient during the BSI infection window period, otherwise leave check box blank.
Epidermolysis bullosa	Required. Check box if there was documentation of Epidermolysis bullosa during the hospitalization associated with the BSI, otherwise leave check box blank. This condition is limited to the genetic forms of EB in the pediatric population.
Matching organism identified in blood and from site specific specimen(s) and pus is present at the vascular site from which the specimen was collected:	Required. Check box if there is an eligible central line, another vascular access device, pus at the site of one of the following vascular access devices, and a specimen collected from that site during the BSI infection window period with at least one matching organism to an organism identified in blood, otherwise leave check box blank. Eligible Vascular Access Sites: • Arterial catheters, unless in the pulmonary artery, aorta, or umbilical artery • Arteriovenous fistulae • Arteriovenous grafts • Hemodialysis reliable outflow (HERO) dialysis catheters • Intra-aortic balloon pump (IABP) devices • Non-accessed CL (those neither inserted nor used during current admission) • Peripheral IV or Midlines
Location of device insertion	Optional. Enter the patient location where the central line was inserted. • If the patient has more than one central line, enter the location where the first central line was inserted. • If the patient has both a permanent and a temporary central line, enter the location where the temporary line was inserted.
Date of device insertion	Optional. Enter the date the central line was inserted. If the patient has more than one central line, facility may choose which insertion date to record.
Event Details: Specific event	Required. Check Laboratory-confirmed (LCBI).
Event Details: Specify criteria used:	Required. Check each of the elements of the criterion that were met.
COVID-19	Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N. Confirmed: A patient with a positive COVID-19 (SARS-CoV-2) laboratory viral test indicating current infection **NOTE:** this does not include serology testing for antibody.

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	• Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status. • Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event is negative.
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 ((for example, 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 list so would be reported as *Bacillus*).
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.