

## 2024 NHSN Central Nervous System Infection (CNS) Checklist

Documentation Review Checklist		
CNS - Central Nervous System Infection		
IC-Intracranial infection (brain abscess, subdural or epidural infection, encephalitis)		
Element	Element Met	Date
Intracranial infection must meet at least <b>one</b> of the following criteria:		
1. Patient has organism(s) identified from identified from brain tissue or dura 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).	<input type="checkbox"/>	
2. Patient has an abscess or evidence of intracranial infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
3. Patient has at least <b>two</b> of the following localized signs or symptoms:		
• Headache*	<input type="checkbox"/>	
• Dizziness*	<input type="checkbox"/>	
• Fever (>38.0°C)	<input type="checkbox"/>	
• Localizing neurologic signs*	<input type="checkbox"/>	
• Changing level of consciousness*	<input type="checkbox"/>	
• Confusion*	<input type="checkbox"/>	
<b>AND</b> at least <b>one</b> of the following:		
a. Organism(s) seen on microscopic examination of brain or abscess tissue obtained by needle aspiration or during an invasive procedure or autopsy.	<input type="checkbox"/>	
b. Imaging test evidence definitive for infection (for example, ultrasound, CT scan MRI, radionuclide brain scan, or arteriogram), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for intracranial infection.	<input type="checkbox"/>	
c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	<input type="checkbox"/>	
4. Patient <b>≤1 year of age</b> has at least <b>two</b> of the following localized signs or symptoms:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Hypothermia (<36.0°C)	<input type="checkbox"/>	
• Apnea*	<input type="checkbox"/>	
• Bradycardia*	<input type="checkbox"/>	
• Localizing neurologic signs*	<input type="checkbox"/>	
• Changing level of consciousness*, for example, irritability, poor feeding, lethargy	<input type="checkbox"/>	
<b>AND</b> at least <b>one</b> of the following:		
a. Organism(s) seen on microscopic examination of brain or abscess tissue obtained by needle aspiration or during an invasive procedure or autopsy.	<input type="checkbox"/>	
b. Imaging test evidence definitive for infection, (for example, ultrasound, CT scan, MRI, radionuclide brain scan, or arteriogram), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for intracranial infection.	<input type="checkbox"/>	



c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	□	
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*\*With no other recognized cause*

**Reporting instructions:**

- Report as MEN if meningitis (MEN) and encephalitis (IC) are present together.
- Report as IC if meningitis (MEN) and a brain abscess (IC) are present together after operation.
- Report as SA if meningitis (MEN) and spinal abscess/infection (SA) are present together.



## CNS - Central Nervous System Infection

### MEN-Meningitis or ventriculitis

Element	Element Met	Date
Meningitis or ventriculitis must meet at least <b>one</b> of the following criteria:		
1. Patient has organism(s) identified from cerebrospinal fluid (CSF) 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).	<input type="checkbox"/>	
2. Patient has suspected meningitis or ventriculitis and at least <b>two</b> of the following:		
i. Fever (>38.0°C) Headache <b>(Note: Elements of "i" alone may not be used to meet the two required elements)</b>	<input type="checkbox"/>	
ii. Meningeal sign(s)*	<input type="checkbox"/>	
iii. Cranial nerve sign(s)*	<input type="checkbox"/>	
<b>AND</b> at least <b>one</b> of the following:		
a. Increased white cells, elevated protein, and decreased glucose in CSF (per reporting laboratory's reference range).	<input type="checkbox"/>	
b. Organism(s) seen on Gram stain of CSF.	<input type="checkbox"/>	
c. Organism(s) identified from blood 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).	<input type="checkbox"/>	
d. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	<input type="checkbox"/>	
3. Patient <b>≤1 year of age</b> has suspected meningitis or ventriculitis and at least <b>two</b> of the following:		
i. Fever (>38.0°C) Hypothermia (<36.0°C) Apnea* Bradycardia* Irritability* <b>(Note: Elements of "i" alone may not be used to meet the required two elements).</b>	<input type="checkbox"/>	
ii. Meningeal signs*	<input type="checkbox"/>	
iii. Cranial nerve signs*	<input type="checkbox"/>	
<b>AND</b> at least <b>one</b> of the following:		
a. Increased white cells, elevated protein, and decreased glucose in CSF (per reporting laboratory's reference range).	<input type="checkbox"/>	
b. Organism(s) seen on Gram stain of CSF.	<input type="checkbox"/>	
c. Organism(s) identified from blood 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).	<input type="checkbox"/>	
d. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	<input type="checkbox"/>	
<i>*With no other recognized cause</i>		
<b>Reporting instructions:</b>		
<ul style="list-style-type: none"> <li>Report CSF shunt infection as SSI-MEN if it occurs within 90 days of placement; if later or after manipulation/access, it is considered CNS-MEN but is not reportable as an SSI.</li> <li>Report as MEN if meningitis (MEN) and encephalitis (IC) are present together.</li> <li>Report as IC if meningitis (MEN) and a brain abscess (IC) are present together after operation.</li> <li>Report as SA if meningitis (MEN) and spinal abscess/infection (SA) are present together.</li> </ul>		



CNS - Central Nervous System Infection		
SA-Spinal abscess/infection (spinal abscess, spinal subdural or epidural infection)		
Element	Element Met	Date
Spinal abscess/infection must meet at least <b>one</b> of the following criteria:		
1. Patient has organism(s) identified from abscess or from purulent material found in the spinal epidural or subdural 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).	<input type="checkbox"/>	
2. Patient has an abscess or other evidence of spinal infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
3. Patient has at least <b>one</b> of the following localized signs or symptoms:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Back pain* or tenderness*	<input type="checkbox"/>	
• Radiculitis*	<input type="checkbox"/>	
• Paraparesis*	<input type="checkbox"/>	
• Paraplegia*	<input type="checkbox"/>	
<b>AND</b> at least <b>one</b> of the following:		
a. Organism(s) identified from blood 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) <b>AND</b> Imaging test evidence definitive for spinal abscess/infection (for example, myelography, ultrasound, CT scan, MRI, or other scans [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for spinal abscess/infection.	<input type="checkbox"/>	
b. Imaging test evidence definitive for a spinal abscess/infection (for example, myelography, ultrasound, CT scan, MRI, or other scans [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for spinal abscess/infection.	<input type="checkbox"/>	
<i>*With no other recognized cause</i>		
<b>Reporting instruction:</b>		
<ul style="list-style-type: none"> <li>Report as SA if meningitis (MEN) and spinal abscess/infection (SA) are present together after operation.</li> </ul>		