



CLABSI Validation – Form C

Confirm Accuracy of Reported CLABSI -OR- Record CLABSI that was Missed
Reason CLABSI missed:

Instructions: Complete for each reported CLABSI from Form B. Check box (X) if data field correct as reported to NHSN or fill-in correct information. -OR- use this form to collect data for Missed CLABSI by filling-in all fields.

Lab Line List# 1st positive blood culture ___/___/11 NHSN Event #: _____

Patient ID:

Gender: F M Other

Date of Birth: ___/___/___

Event Type: BSI

Date of Event (onset): ___/___/11

MDRO Infection Surveillance: Yes, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module

No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Date Admitted to Facility: ___/___/11

Location Attribution: _____

Risk Factors

Mark Relevant Location If Reported Correctly
If ICU/Other locations

Central line: Yes No
If Specialty Care Area,

Permanent central line: Yes No

Temporary central line: Yes No

If NICU,

Non-umbilical central line: Yes No

Umbilical catheter: Yes No

Birth weight (grams): _____

Location of Device Insertion: optional

Date of Device Insertion: ___/___/11 optional

Medical record review revealed NOT a CLABSI

Reason CLABSI reported in error: :

Event Details

Specific Event: Laboratory-confirmed BSI

Criteria: Signs & Symptoms NOTE: S/S needed only if common skin commensal

Any patient

- Fever, Chills, Hypotension, Fever, Hypothermia, Apnea, Bradycardia

Died: Yes No

Laboratory

Recognized pathogen from one or more blood cultures

Common skin commensal from >=2 blood cultures

If Died, BSI Contributed to Death: Yes No

Pathogen/s: Reported Correctly If VRE or MRSA, reported also as LabID? Yes No