

CLABSI Validation – Form C

Confirm Accuracy of Reported CLABSI -OR- Record CLABSI that was Missed

✓ one

Reason CLABSI missed:

Instructions: Complete for each reported CLABSI from Form B. Check box (☑) 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 ___/___/___ NHSN Event #: _____

Patient ID: _____

Gender: F M Other

Date of Birth: ___/___/___

Event Type: BSI

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

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: ___/___/___

Location Attribution: _____

Risk Factors

Mark Relevant Location Correctly If Reported

___ If ICU/Other locations

Central line: Yes No

___ If Specialty Care Area,

Permanent central line: Yes No

Temporary central line: Yes No

___ If NICU,

Central line: Yes No

Birth weight (grams): _____

Location of Device Insertion: _____
optional

Date of Device Insertion: ___/___/___
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 ≤1 year old

Fever Fever

Chills Hypothermia

Hypotension Apnea

Bradycardia

Laboratory

Recognized pathogen from one or more blood cultures

Common skin commensal from ≥2 blood cultures

Died: Yes No

If Died, BSI Contributed to Death: Yes No

Pathogen/s: Reported Correctly

If VRE or MRSA, reported also as LabID? Yes No