



CDPH HAI Program: NHSN HAI Definition "Check Sheets"

For Use with Validation
Last Updated
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Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

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Superficial Incisional SSI

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Infection occurs within 30 days after surgical procedure

AND

Involves only skin and subcutaneous tissue of the incision

AND

At least **1** of 4 criteria:

- 1. Purulent drainage from the superficial incision
- 2. Organism isolated from incision culture or fluid (obtained aseptically)
- 3. Diagnosis of superficial SSI by surgeon or attending physician or other designee
- 4. Pain, tenderness, localized swelling, redness, or heat

AND

Incision opened by surgeon; culture positive or not cultured

- Do not report stitch abscess as an SSI (defined as minimal inflammation and discharge confined to points of suture penetration)
- Do not report a localized stab wound infection as an SSI
- Cellulitis by itself is not an SSI



Deep Incisional SSI

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

- Infection occurs within 30 after surgical procedure (**UNLESS** its one of the 13 procedures followed for **90 days**)

AND

- Involves deep soft tissues of the incision, e.g. fascial & muscle layers

AND

At least **1** of 3 criteria:

- 1. Purulent drainage from deep incision
- 2. Abscess or evidence of infection involving deep incision detected on direct exam, during invasive procedure, or by histopathologic or imaging test
- 3. Deep incision spontaneously dehisces
 -OR- opened by surgeon, attending physician or designee

AND

Patient has at least **1**:*

- fever >38°C
- localized pain, or
- tenderness

*Unless culture-negative

Organ/Space SSI

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

- Infection occurs within 30 after surgical procedure (**UNLESS** its one of the 13 procedures followed for **90 days**)

AND

- Involves any part of body opened or manipulated during the surgical procedure

AND

At least **1** of 3 criteria:

- 1. Purulent drainage from drain placed into organ/space
- 2. Organism isolated from an aseptically-obtained culture of fluid or tissue in the organ/space
- 3. Abscess or evidence of infection involving the organ/space that is detected on direct exam, during invasive procedure, or by histopathologic or imaging test

AND

- Meets surveillance definition for a **specific NHSN infection site**

Gastrointestinal Tract (GIT) Infection

Includes esophagus, stomach, small & large bowel, and rectum.
Excluding gastroenteritis and appendicitis

NHSN Surveillance Definition, 2014

Meets **1** of 2 criteria:

1. Abscess or other evidence of infection seen during invasive procedure or histopathologic exam

2. **2** signs/symptoms of organ/tissue involved

fever (>38C)

nausea*

vomiting*

abdominal pain*

tenderness*

diarrhea*

AND

At least **1** of the following:

- Organisms cultured from drainage or tissue obtained during an invasive procedure /endoscopy or from a drain
- Organisms seen on Gram's/KOH stain or giant cells seen on micro exam of drainage or tissue obtained during invasive procedure or from drain
- Organisms cultured from the blood
- Evidence of pathologic findings on imaging test**
- Evidence of pathologic findings on endoscopic exam (*e.g., Candida esophagitis, proctitis, toxic megacolon*)

**with no other recognized cause*



*Required for all:
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*Liaison initials: _____
*Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Intra-abdominal (IAB) Infection

Not specified elsewhere including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere.

NHSN Surveillance Definition, 2014

Meets **1** of 3 criteria:

- 1. Organisms cultured from abscess and/or purulent material from intraabdominal space obtained during an invasive procedure
 - 2. Abscess or other evidence of IAB seen during an invasive procedure or histopathologic exam.
 - 3. **2** signs/symptoms **AND**
 - fever(>38C)
 - nausea*
 - vomiting*
 - abdominal pain*
 - jaundice
- At least **1** of the following:
- Organisms cultured from drainage from an aseptically-placed drain
 - Organisms seen on Gram's stain of drainage or tissue obtained during invasive procedure or from an aseptically-placed drain
 - Organisms cultured from blood and imaging test evidence of infection (e.g, abnormal findings on ultrasound, CT scan, MRI, or radiolabel scans, or on abdominal x-ray)

**with no other recognized cause*

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____



CLABSI Definition – LCBI 1

NHSN Surveillance Definition, 2014

Meets BOTH criteria **1 and 2** (all 4 boxes must be)

1. Central line was in place >2 calendar days on the date of event

Day of line insertion = Day 1

AND

- Central line was in place on the day of the event or the day before.

2. Recognized pathogen cultured from one or more blood cultures

AND

- Organism cultured from the blood is not related to an infection at another site

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

CLABSI Definition – LCBI 2

NHSN Surveillance Definition, 2014

Meets both criterion **1 and 2**

- 1. Central line was in Place >2 calendar days on the date of event

Day of line insertion = Day 1

- Central line was in place on the day of the event or the day before

- 2. **1** of 3 of signs or symptoms

- Fever >38°C
- Chills
- Hypotension

AND

- Positive blood culture not related to an infection at another site

AND

- The same common commensal organism grows in 2 blood cultures on the same day or on 2 consecutive days

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____



CLABSI Definition – MCBI-LCBI 1

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

- Meets criterion 1 for LCBI with 1 of the following intestinal organisms and no other organisms isolated*
 - Candida* species, *Enterococcus* species *Klebsiella* species

AND

meets at least **1** of the following 2 criteria:

- 1. Allogeneic hematopoietic stem cell transplant within the past year with **1** of the 2 following documented during same hospitalization as positive blood culture.
 - Grade III or IV GI graft versus host disease
 - ≥ 1 liter diarrhea in 24hrs (or ≥ 20 ml/kg in 24hr if < 18 of age) with onset ≤ 7 calendar days before the date blood culture was collected
- 2. Neutropenic, defined as 2 separate days with absolute neutrophil count (ANC) or total WBC < 500 cells/mm³ within a 7 day time period;
 - includes the positive blood culture date and 3 calendar days before and after.

This form for use with CDPH 2014 Validation **only. For complete MCBI-LCBI definition, refer to NHSN Chapter 17.*

Asymptomatic UTI with Bacteremia (ABUTI)

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Meets the following criteria:

- ❑ **With or without** an indwelling urinary catheter has no signs or symptoms
 - For any age patient, no fever; urgency; frequency; dysuria; pain or tenderness
 - For a patient ≤1 year of age no hypothermia; apnea; bradycardia; dysuria; lethargy; or vomiting

AND

- ❑ Positive urine culture ≥10⁵ CFU/ml and with no more than 2 species of uropathogen microorganisms**

AND

- ❑ Positive blood culture with at least 1 matching uropathogen to the urine culture, or at least 2 matching blood cultures drawn on separate occasions if the matching pathogen is a common skin commensal.

Laboratory cultures reported as "mixed flora" represent at least 2 species of organisms. Therefore an additional organism recovered from the same culture, would represent >2 species of microorganisms and the specimen could not be used to meet the UTI criteria.

** Uropathogen microorganisms are: Gram-negative bacilli, *Staphylococcus* spp., yeasts, beta-hemolytic *Streptococcus* spp., *Enterococcus* spp., *G. vaginalis*, *Aerococcus urinae*, and *Corynebacterium*

See complete list of uropathogen microorganisms at:
www.cdc.gov/nhsn/XLS/master-organism-Com-Commensals-Lists.xlsx#uropathogens

Symptomatic UTI (SUTI) 1(a)

NHSN Surveillance Definition, 2014

Meets **1** of 2 criteria:

- 1. Indwelling urinary catheter in place for >2 calendar days with catheter in place on the date of event

AND

- At least **1** of the following:
 - fever >38°C
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*

AND {

- Positive urine culture of $\geq 10^5$ (CFU)/ml (with no more than 2 species of microorganisms **

OR

- 2. Indwelling urinary catheter in place for >2 calendar days and had it removed the day of or the day before the date of event

AND

- At least **1** of the following:
 - fever >38°C
 - urgency *
 - frequency*
 - dysuria *
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*

AND {

- Positive urine culture of $\geq 10^5$ (CFU)/ml (with no more than 2 species of microorganisms **

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

* *With no other recognized cause*

** Elements must occur within a timeframe that does not exceed a gap of 1 calendar day between two adjacent elements

Symptomatic UTI (SUTI) 1(b)

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Meets the following:

- Did not** have indwelling urinary catheter in place for >2 calendar days and in place at the time of or on the day before the date of event

AND

- At least **1** of the following:
 - fever >38°C in a patient that is ≤65 years of age
 - urgency*
 - frequency*
 - dysuria*
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*

** With no other recognized cause*

AND

- Positive urine culture of ≥10⁵(CFU)/ml (with no more than 2 species of microorganisms **)

** Elements must occur within a timeframe that does not exceed a gap of 1 calendar day between two adjacent elements



Symptomatic UTI (SUTI) 2(a)

NHSN Surveillance Definition, 2014

Meets **1** of the following 2 criteria:

- 1. Indwelling urinary catheter in place for >2 calendar days with catheter in place on the date of event

AND

- At least **1** of the following:
 - fever >38°C
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*

OR

- 2. Indwelling urinary catheter in place for >2 calendar days and had it removed the day of or the day before the date of event

AND

- At least **1** of the following:
 - fever >38C
 - frequency*
 - urgency *
 - dysuria *
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*

AND

- At least **1** of the following finding:
 - Positive leukocyte esterase and/or nitrite
 - pyuria (urine with ≥ 10 WBC/mm³ of unspun urine or >5 WBC/high power field of spun urine)
 - microorganisms seen on Gram's stain of unspun urine

AND

- urine culture of $\geq 10^3$ and $< 10^5$ CFU/ml and with no more than 2 species of microorganisms **

* With no other recognized cause

** Elements must occur within a timeframe that does not exceed a gap of 1 calendar day between two adjacent elements

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Symptomatic UTI (SUTI) 2(b)

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ___/___/___
 *Liaison initials: _____
 *Fac NHSN#: _____

⊕ For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ___/___/___
 ⊕ Infection Date: ___/___/___

Meets the following criteria:

- Did not** have indwelling urinary catheter in place for >2 calendar days or did not have an indwelling catheter on the day before the date of event

AND

- At least **1** of the following:
 - fever >38°C in a patient that is ~~≤65 years of age~~ **≤65 years of age***
 - suprapubic tenderness*
 - costovertebral angle pain*
 - tenderness*
 - frequency*
 - dysuria*

* With no other recognized cause

AND

- At least 1 of the following findings:
 - pyuria (urine with ≥ 10 WBC/mm³ of unspun urine or >5 WBC/high power field of spun urine)
 - Positive leukocyte esterase and/or nitrite
 - microorganisms seen on Gram's stain of unspun urine

AND

- A urine culture of $\geq 10^3$ and $< 10^5$ CFU/ml and with no more than 2 species of microorganisms**

** Elements must occur within a timeframe that does not exceed a gap of 1 calendar day between two adjacent elements

Symptomatic UTI (SUTI) age ≤ 1 year

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Meets **2** of the following criteria:

Patient ≤ 1 year of age with or without an indwelling urinary catheter

At least **1** of the following:

- fever >38°C
- hypothermia <36°C core
- apnea*
- bradycardia*
- dysuria*
- lethargy*
- vomiting*

AND {

SUTI 3

Positive urine culture of $\geq 10^5$ (CFU)/ml (with no more than 2 species)

-----OR-----

AND {

SUTI 4

at least **1** of the following findings:

- Positive leukocyte esterase and/or nitrite
- pyuria (≥ 10 WBC/mm³ of unspun urine) or >5 WBC/high power field of spun urine
- microorganisms seen on Gram's stain of unspun urine

AND

a positive urine culture of between $\geq 10^3$ and $< 10^5$ CFU/ml and with no more than two species of microorganisms.

* With no other recognized cause

** Elements must occur within a timeframe that does not exceed a gap of 1 calendar day between two adjacent elements



Pneumonia (PNU 1)

Table 7. Specific Site Algorithms for Clinically-Defined Pneumonia (PNU1)

Radiology	Signs/Symptoms/Laboratory
<p>Two or more serial chest radiographs with at least <u>one</u> of the following^{1,2}:</p> <ul style="list-style-type: none"> • New or progressive <u>and</u> persistent infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤ 1 year old <p>NOTE: In patients without underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <u>one definitive</u> chest radiograph is acceptable.¹</p>	<p>FOR ANY PATIENT, at least <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Fever ($>38^{\circ}\text{C}$ or $>100.4^{\circ}\text{F}$) • Leukopenia (<4000 WBC/mm^3) or leukocytosis ($\geq 12,000$ WBC/mm^3) • For adults ≥ 70 years old, altered mental status with no other recognized cause <i>and</i> at least <u>two</u> of the following: <ul style="list-style-type: none"> • New onset of purulent sputum³, or change in character of sputum⁴, or increased respiratory secretions, or increased suctioning requirements • New onset or worsening cough, or dyspnea, or tachypnea⁵ • Rales⁶ or bronchial breath sounds • Worsening gas exchange (e.g., O_2 desaturations (e.g., $\text{PaO}_2/\text{FiO}_2 \leq 240$)⁷, increased oxygen requirements, or increased ventilator demand) <p>ALTERNATE CRITERIA, for infants ≤ 1 year old:</p> <p>Worsening gas exchange (e.g., O_2 desaturations [e.g., pulse oximetry $<94\%$], increased oxygen requirements, or increased ventilator demand) <i>and</i> at least <u>three</u> of the following:</p> <ul style="list-style-type: none"> • Temperature instability • Leukopenia (<4000 WBC/mm^3) <u>or</u> leukocytosis ($\geq 15,000$ WBC/mm^3) and left shift ($\geq 10\%$ band forms) • New onset of purulent sputum³ or change in character of sputum⁴, or increased respiratory secretions or increased suctioning requirements • Apnea, tachypnea⁵, nasal flaring with retraction of chest wall or grunting • Wheezing, rales⁶, or rhonchi • Cough • Bradycardia (<100 beats/min) or tachycardia (>170 beats/min) <p>ALTERNATE CRITERIA, for child >1 year old or ≤ 12 years old, at least <u>three</u> of the following:</p> <ul style="list-style-type: none"> • Fever ($>38.4^{\circ}\text{C}$ or $>101.1^{\circ}\text{F}$) or hypothermia ($<36.5^{\circ}\text{C}$ or $<97.7^{\circ}\text{F}$) • Leukopenia (<4000 WBC/mm^3) or leukocytosis ($\geq 15,000$ WBC/mm^3) • New onset of purulent sputum³, or change in character of sputum⁴, or increased respiratory secretions, or increased suctioning requirements • New onset or worsening cough, or dyspnea, apnea, or tachypnea⁵. • Rales⁶ or bronchial breath sounds • Worsening gas exchange (e.g., O_2 desaturations [e.g., pulse oximetry $<94\%$], increased oxygen requirements, or increased ventilator demand)

*Required for all:
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⊕ For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Purulent sputum: Secretions from the lungs, bronchi, or trachea that contain ≥ 25 neutrophils and ≤ 10 squamous epithelial cells per low power field (x100). If your lab reports these data qualitatively ("many WBCs, or "few squames"), be sure their descriptors match this definition of purulent sputum.

Note: A positive blood culture is **not** part of this definition

Pneumonia (PNU 2)

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Table 8. Specific Site Algorithms for Pneumonia with Common Bacterial or Filamentous Fungal Pathogens and Specific Laboratory Findings (PNU2)

Radiology	Signs/Symptoms	Laboratory
<p>Two or more serial chest radiographs with at least one of the following^{1,2}:</p> <ul style="list-style-type: none"> • New or progressive <u>and</u> persistent infiltrate • Consolidation • Cavitation • Pneumatocelles, in infants ≤ 1 year old <p>NOTE: In patients without underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), one definitive chest radiograph is acceptable.¹</p>	<p>At least one of the following:</p> <ul style="list-style-type: none"> • Fever ($>38^{\circ}\text{C}$ or $>100.4^{\circ}\text{F}$) • Leukopenia (<4000 WBC/mm³) <u>or</u> leukocytosis ($\geq 12,000$ WBC/mm³) • For adults ≥ 70 years old, altered mental status with no other recognized cause <p><i>and</i></p> <p>at least one of the following:</p> <ul style="list-style-type: none"> • New onset of purulent sputum³, or change in character of sputum⁴, or increased respiratory secretions, or increased suctioning requirements • New onset or worsening cough, or dyspnea or tachypnea⁵ • Rales⁶ or bronchial breath sounds • Worsening gas exchange (e.g., O₂ desaturations [e.g., PaO₂/FiO₂ ≤ 240]⁷, increased oxygen requirements, or increased ventilator demand) 	<p>At least one of the following:</p> <ul style="list-style-type: none"> • Positive growth in blood culture⁸ not related to another source of infection • Positive growth in culture of pleural fluid • Positive quantitative culture⁹ from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing) • $\geq 5\%$ BAL-obtained cells contain intracellular bacteria on direct microscopic exam (e.g., Gram's stain) • Histopathologic exam shows at least one of the following evidences of pneumonia: <ul style="list-style-type: none"> ○ Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and alveoli ○ Positive quantitative culture⁹ of lung parenchyma ○ Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae

Care must be taken to determine the etiology of pneumonia in patients with positive blood cultures and radiographic evidence of pneumonia, especially if the patient has invasive devices such as a central line or indwelling urinary catheter.

In immuno-competent patients, blood cultures positive for **yeasts**, coagulase-negative staph and other common skin contaminants **are not** generally the etiologic agent of pneumonia.

Pneumonia (PNU 3)

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Table 10. Specific Site Algorithm for Pneumonia in Immunocompromised Patients (PNU3)

Radiology	Signs/Symptoms	Laboratory	
<p>Two or more serial chest radiographs with at least one of the following^{1,2}:</p> <ul style="list-style-type: none"> • New or progressive <u>and</u> persistent infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤1 year old <p>NOTE: In patients without underlying pulmonary or cardiac disease (e.g., respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), <u>one definitive</u> chest radiograph is acceptable.¹</p>	<p>Patient who is immunocompromised¹³ has at least one of the following:</p> <ul style="list-style-type: none"> • Fever (>38°C or >100.4°F) • For adults ≥70 years old, altered mental status with no other recognized cause • New onset of purulent sputum³, or change in character of sputum⁴, or increased respiratory secretions, or increased suctioning requirements • New onset or worsening cough, or dyspnea, or tachypnea⁵ • Rales⁶ or bronchial breath sounds • Worsening gas exchange (e.g., O₂ desaturations [e.g., PaO₂/FiO₂ ≤240]⁷, increased oxygen requirements, or increased ventilator demand) • Hemoptysis • Pleuritic chest pain 	<p>At least one of the following:</p> <ul style="list-style-type: none"> • Matching positive blood and sputum cultures with <i>Candida</i> spp.^{14,15} • Evidence of fungi or <i>Pneumocystis carinii</i> from minimally contaminated LRT specimen (e.g., BAL or protected specimen brushing) from one of the following: <ul style="list-style-type: none"> ○ Direct microscopic exam ○ Positive culture of fungi <p>Any of the following from:</p> <p>LABORATORY CRITERIA DEFINED UNDER PNU2</p>	<p>Immunocompromised patients include those with</p> <ul style="list-style-type: none"> <input type="checkbox"/> neutropenia (ANC <500/mm³), <input type="checkbox"/> leukemia, <input type="checkbox"/> lymphoma, <input type="checkbox"/> HIV with CD4 count <200, <input type="checkbox"/> splenectomy <input type="checkbox"/> early post-transplantation, <input type="checkbox"/> on cytotoxic chemotherapy, <input type="checkbox"/> on high-dose steroids daily for >2 weeks <p>High dose steroids = >40mg of prednisone, >160mg hydrocortisone, >32mg ethylprednisolone, >6mg examethasone, or >200mg cortisone</p>

Osteomyelitis (BONE)

NHSN Surveillance Definition, 2014

Meets **1** of the following 3 criteria

- 1. Organisms cultured from bone
- 2. Evidence of osteomyelitis on direct exam of the bone during an invasive procedure or histopathologic examination
- 3. **2** signs and symptoms:

- Fever >38°C
- Localized swelling*
- Tenderness*
- Heat*
- Drainage at suspected site of bone infection*

AND

1 of the following

- Organisms cultured from blood
- Positive lab test on blood (e.g., antigen tests for *H influenzae* or *S pneumoniae*.)
- Imaging test evidence of infection

*Required for all:
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 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

**With no other recognized cause*

Myocarditis or Pericarditis (CARD)

NHSN Surveillance Definition, 2014

Meets at least **1** of 2 criteria:

- 1. Organisms cultured from pericardial tissue or fluid obtained during an invasive procedure.
- 2. **2** of the following:

- Fever >38°C
- Chest pain*
- Paradoxical pulse*
- Increased heart size*

AND

At least **1**:

- Abnormal EKG consistent with myocarditis or pericarditis
- Positive lab test on blood (e.g., antigen test for *H influenzae* or *S pneumoniae*)
- Evidence of myocarditis or pericarditis on histologic exam of heart tissue
- 4 fold rise in type-specific antibody with or without isolation of virus from pharynx or feces
- Pericardial effusion identified by echocardiogram, CT, MRI or angiography

**With no other recognized cause*

*For patient ≤ 1 year of age
see complete CARD criteria
in NHSN Chapter 17*

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____



Decubitus Ulcer Infection (DECU) can be superficial and deep infections

NHSN Surveillance Definition, 2014

*Required for all:
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 *Visit Date: ____/____/____
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 *Fac NHSN# _____

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⊕ Infection Date: ____/____/____

At least 2 of the following signs and symptoms with no other recognized causes :

- Redness
- Tenderness
- Swelling of decubitus wound edges

AND

At least 1 of the following:

- Organisms cultured from properly collected fluid or tissue
- Organisms cultured from blood

- Purulent drainage alone is not sufficient evidence of an infection
- Organisms cultured from the surface of a decubitus ulcer are not sufficient evidence that the ulcer is infected. A properly collected specimen from a decubitus ulcer involves needle aspiration of fluid or biopsy of tissue from the ulcer margin.

Joint or Bursa (JNT) Infection

NHSN Surveillance Definition, 2014

Meets **1** of the following 3 criteria

- 1. Organisms cultured from joint fluid or synovial biopsy
- 2. Evidence of joint or bursa infection seen during an invasive procedure or histopathologic examination
- 3. **2** Signs / symptoms

- Joint pain
- Swelling
- Tenderness
- Heat
- Evidence of effusion or limitation of motion

AND

At least **1** of the following

- Organisms & WBC seen on Gram's stain of joint fluid
- Positive lab test on blood culture or appropriate antigen test on blood, urine, or joint fluid
- Cellular profile and chemistries of joint fluid compatible with infection and not explained by an underlying rheumatologic disorder
- Imaging test evidence of infection

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Periprosthetic Joint Infection (PJI) following HPRO and KPRO only

NHSN Surveillance Definition, 2014

- Meets at least **1** of the following (following HPRO and KPRO only)
 - 1. Two positive periprosthetic (*tissue or fluid*) cultures with identical organisms.
 - 2. Sinus tract communicating with the joint
 - 3. Having **3** of the following minor criteria:
 - Elevated serum C-reactive protein >100mg/L **and** ESR >30mm/hr
 - Elevated synovial fluid WBC >10,000 cells/ul **or** ++(*or greater*) change on leukocyte esterase test strip of synovial fluid.
 - Elevated synovial fluid PMN% >90%
 - Positive histological analysis of periprosthetic tissue (>5 PMNs per high power field)
 - A single positive periprosthetic (*tissue of fluid*) culture

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Mediastinitis (MED)

NHSN Surveillance Definition, 2014

- Meets at least **1** of the following
 - 1. Organisms cultured from mediastinal tissue or fluid during an invasive procedure.
 - 2. Evidence of mediastinitis seen during an invasive procedure or histopathologic exam.
 - 3. Patient has at least **1 sign/symptom**:
 - Fever >38°C
 - Chest pain*
 - Sternal instability*
- AND {
- At least **1** of the following:
 - Purulent discharge from mediastina area
 - Organisms cultured from blood or discharge from mediastinal area
 - Mediastinal widening on imaging test
- 4. Patient ≤ 1 year age has at least **1 sign/symptom**:
 - Fever >38°C
 - Hypothermia <37°C
 - Apnea*
 - Bradycardia*
 - Sternal instability*
- AND {
- At least **1** of the following:
 - Purulent discharge from mediastina area
 - Organisms cultured from blood or discharge from mediastinal area
 - Mediastinal widening on imaging test

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕ For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

**With no other recognized cause*

Other Infection of Reproductive Tract (OREP)

NHSN Surveillance Definition, 2014

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
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 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only

⊕ Patient DOB: ____/____/____

⊕ Infection Date: ____/____/____

Meets **1** of 3 criteria:

- 1. Organisms cultured from tissue or fluid from affected site.
- 2. Abscess or other evidence of infection of affected site seen during an invasive procedure or histopathologic examination.

3. **2** signs/symptoms

- fever(>38C)
- nausea*
- vomiting*
- pain*
- tenderness*
- dysuria*

AND { At least **1** of the following:

- Organisms cultured from blood
- Physician diagnosis

**with no other
recognized cause*

Other Urinary Tract Infections (OUTI)

Includes kidney, ureter, bladder, urethra, or tissue surrounding the retroperitoneal or perinephric space

NHSN Surveillance Definition, 2014

*Required for all:
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 *Visit Date: ____/____/____
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 *Fac NHSN# _____

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 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

Meets **1** of 3 criteria:

- 1. Organisms isolated from culture of fluid (other than urine) or tissue from affected site.
- 2. Abscess or other evidence of infection seen on direct exam, during an invasive procedure, or during a histopathologic exam.
- 3. **2** signs or symptoms:
 - fever(>38° C)
 - localized pain*
 - localized tenderness at involved site*

AND

At least **1** of the following:

- purulent drainage from affected site
- microorganisms cultured from blood that are compatible with suspected site of infection.
- image test evidence of infection (e.g., abnormal ultrasound, CT scan, MRI, or radiolabel scan [gallium, technetium])

Soft Tissue (ST) Infection

Necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis, lymphadenitis, or lymphangitis

*Required for all:
 *Validation Case #: _____
 *Visit Date: ____/____/____
 *Liaison initials: _____
 *Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
 ⊕ Patient DOB: ____/____/____
 ⊕ Infection Date: ____/____/____

NHSN Surveillance Definition, 2014

- Meets at least **1** of the following criteria
 - 1. Organisms cultured from tissue or drainage from affected site
 - 2. Purulent drainage at affected site
 - 3. Abscess or other evidence of infection seen during an invasive procedure or histopathologic examination
 - 4. Pt has at **2** of the following S/S at the affected site with no other recognized cause:
 - localized pain or tenderness
 - redness
 - swelling
 - heat
- AND** {
- At least **1** of the following:
 - Organisms cultured from blood
 - Positive lab test performed on blood or urine (e.g., antigen tests for *H influenzae*, *S pneumoniae*, *N meningitidis*, *Group B Streptococcus*, or *Candida spp*)
 - Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for pathogen.

Vaginal Cuff (VCUF) Infection

NHSN Surveillance Definition, 2014

Post-hysterectomy meets **1** of 3 criteria:

- 1. Purulent drainage from the vaginal cuff
- 2. Abscess at the vaginal cuff
- 3. Pathogens cultured from fluid or tissue obtained from the vaginal cuff

*Required for all:
*Validation Case #: _____
*Visit Date: ____/____/____
*Liaison initials: _____
*Fac NHSN# _____

⊕For Primary CLABSI or SSI Only
⊕ Patient DOB: ____/____/____
⊕ Infection Date: ____/____/____

California Reportable Surgical Procedures Followed for **90-Day** SSI Surveillance Period

CARD	Cardiac surgery
CBGB	Coronary artery bypass graft, chest and donor site incisions
CBGC	Coronary artery bypass graft, chest incision only
FUSN	Spinal fusion
FX	Open reduction of fracture
HPRO	Hip prosthesis
KPRO	Knee prosthesis
PACE	Pacemaker surgery
RFUSN	Refusion of spin



Table 4. *Specific Sites of an Organ/Space SSI.* Criteria for these sites can be found in the NHSN Help system (must be logged in to NHSN) or the [Surveillance Definitions](#) for Specific Types of Infections chapter.

Code	Site	Code	Site
BONE	Osteomyelitis	LUNG	Other infections of the respiratory tract
BRST	Breast abscess or mastitis	MED	Mediastinitis
CARD	Myocarditis or pericarditis	MEN	Meningitis or ventriculitis
DISC	Disc space	ORAL	Oral cavity (mouth, tongue, or gums)
EAR	Ear, mastoid	OREP	Other infections of the male or female reproductive tract
EMET	Endometritis	OUTI	Other infections of the urinary tract
ENDO	Endocarditis	PJI	Periprosthetic Joint Infection
EYE	Eye, other than conjunctivitis	SA	Spinal abscess without meningitis
GIT	GI tract	SINU	Sinusitis
HEP	Hepatitis	UR	Upper respiratory tract
IAB	Intraabdominal, not specified	VASC	Arterial or venous infection
IC	Intracranial, brain abscess or dura	VCUF	Vaginal cuff
JNT	Joint or bursa		

Wound Class

Clean

Operation where no inflammation encountered
Respiratory, alimentary, genital, urinary tracts **not** entered
Operation following non-penetrating (blunt) trauma
Primarily closed with no open drainage

Clean - Contaminated

Operation entering respiratory, alimentary, genital, or urinary tracts
No evidence of infection, no major break in technique, no unusual contamination encountered
Operation involving biliary tract, appendix, vagina, and oropharynx

Contaminated

Operation following open, fresh, accidental wounds
Operation with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from GI tract
Includes operation where acute, non-purulent inflammation encountered

Dirty

Operation involving old traumatic wounds with retained devitalized tissue, **or** existing clinical infection **or** perforated viscera
Definition suggests the organisms causing post-op infection were present before the operation