Form 4
BSI Events Table

Instructions:

1. Fill in first specimen date for each BSI event in table below. Numbers should correspond to laboratory line list (see Form1).
2. Use Analysis to produce CLABSI line list for the 1,2, or 3-month review period. Also print NHSN Event record for each reported CLABSI..
3. For each numbered BSI event, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record NHSN Event #. If CLABSI on your NHSN list but were not on lab line list, add to the bottom of the table.
4. For each BSI event, review patient's medical record to verify your decision to report or not report to NHSN. Carefully follow NHSN protocols and surveillance definitions; refer to them often.
   - For each CLABSI **Reported** to NHSN, complete a Form 5, CLABSI Validation Review. Record info on table in 1 of 2 columns as shown.
   - For each BSI event **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Indicate a reason the case may have been missed.
5. Complete CLABSI section of Form 6, Validation Findings.

When review complete, make all needed corrections to your data in NHSN!

BSI Events Table.

Lab list #	First positive blood culture of each BSI Event: Specimen date	Admission date	Q1. Was Event reported to NHSN as a CLABSI? YES √ NHSN Event#	NO √	If YES to Q1 — Perform medical record review, complete Form 5, then fill in 1 of columns below: Not a CLABSI Reported in error Why?	*Data fields correctly reported to NHSN? √ If NO, List	If NO to Q1 — Perform medical review. Use BSI review work sheet if helpful. Stop as soon as you can complete one of the columns below: NO central line or no line in previous 48 hours	Present on admission and not discharged in previous 48 hours	Contaminant i.e. Common skin commensals: Single +bld cx	Contaminant: ≥2 +bld cx but no S/S	Secondary BSI Primary site of infection	MISSED CLABSI Should have been reported
1	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Column totals: _____ _____

Lab list #	First positive blood culture of each BSI Event Specimen date	Admission date	**Q1.** Was Event reported to NHSN as a CLABSI? **YES** √ **NHSN Event#**	**NO** √	If **YES** to Q1 Perform medical record review, complete **Form 5**, then fill in 1 of columns below Not a CLABSI Reported in error **Why?**	*Data fields correctly reported to NHSN? √ **If NO, List**	If **NO** to Q1 Perform medical review. Stop as soon as you can complete one of the columns below. **NO central line** or no line in previous 48 hours	**Present on admission** and not discharged in previous 48 hours	**Contaminant** i.e. Common skin commensals Single +bld cx	≥2 +bld cx but no S/S	**Secondary BSI** Primary site of infection	**MISSED** CLABSI Should have been reported
11	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Column totals: _____ _____

Review Date:___/___/11 Reviewer's Initials: _____

Lab list #	First positive blood culture of each BSI Event Specimen date	Admission date	**Q1.** Was Event reported to NHSN as a CLABSI? **YES** √ **NHSN Event#**	**NO** √	If **YES** to Q1 Perform medical record review, complete **Form 5**, then fill in 1 of columns below Not a CLABSI Reported in error **Why?**	*Data fields correctly reported to NHSN? √ **If NO, List**	If **NO** to Q1 Perform medical review. Stop as soon as you can complete one of the columns below. **NO central line** or no line in previous 48 hours	**Present on admission** and not discharged in previous 48 hours	**Contaminant** i.e. Common skin commensals Single +bld cx	≥2 +bld cx but no S/S	**Secondary BSI** Primary site of infection	**MISSED** CLABSI Should have been reported
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	___/___/11	___/___/11	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Column totals:				_____								_____