



Chart Review Work Sheet

Instructions: Use for notes to rule out or confirm CLABSI. Record final determination by checking appropriate boxes. Transfer findings to BSI Events table, Form 4.

- 1. BSI event from patient with no central line present or during previous 48 hours.
- 2. BSI associated with Infection that was **PRESENT ON ADMISSION** from patient not recently discharged from hospital in the previous 48 hours.
- 3. Positive blood culture was determined to be a **CONTAMINANT**, i.e. common commensal organism(s) from
 - only one positive culture within a 2 day period
 - 2 cultures on separate occasions, but patient with no signs/symptoms of infection
- 4. Infection was a **BSI SECONDARY TO ANOTHER SITE OF INFECTION**.

<input type="checkbox"/> UTI	<input type="checkbox"/> SSI
<input type="checkbox"/> PNEU	<input type="checkbox"/> Bone/Joint
<input type="checkbox"/> Central nervous system	<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> EENT or URI	<input type="checkbox"/> LRI
<input type="checkbox"/> GI	<input type="checkbox"/> Reproductive tract
<input type="checkbox"/> Skin/ Soft tissue	<input type="checkbox"/> Systemic

Refer to NHSN Infection definitions to be sure criteria for primary infection site have been met!
- 5. Infection met NHSN surveillance criteria for **CLABSI**, and should have been reported to NHSN. Complete **Form 5**, CLABSI Review Form.

MEDICAL RECORD REVIEW: Lab Line List# ___ 1st positive blood culture of Event ___/___/11

<p><i>Hospital Admission Date</i> ___/___/___</p> <p><i>Discharge Date</i> ___/___/___</p> <p><i>Date of 1st +blood Culture</i> ___/___/___</p> <p><i>Date admitted to location:</i> ___/___/___</p>	<p>HOSPITALIZATION</p> <p><i>Reason for Admission</i> _____</p> <p><i>Admitted from</i> Home SNF Dialysis</p> <p><i>Discharge disposition</i> _____</p> <p><i>Hospital location at time of 1st positive culture:</i> _____</p> <p><i>If on unit < 48 hrs, previous location</i> _____</p>
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CENTRAL LINE HISTORY	
<p><i>Date of initial central line insertion</i> ___/___/___</p> <p><i>Line type:</i> _____</p> <p><i>Date of 2nd central line insertion</i> ___/___/___</p> <p><i>Line type:</i> _____</p> <p><i>Date of 3rd central line insertion</i> ___/___/___</p> <p><i>Line type:</i> _____</p>	<p><i>Location of Line Insertion</i> _____</p> <p><i>Insertion site</i> _____ <i>Removal</i> _____</p> <p><i>Location of Line Insertion</i> _____</p> <p><i>Insertion site</i> _____ <i>Removal</i> _____</p> <p><i>Location of Line Insertion</i> _____</p> <p><i>Insertion site</i> _____ <i>Removal</i> _____</p>

CLINICAL NOTES
