

## STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB) (NUMERATOR)

If you have any queries regarding the completion of this form please contact VICNISS

**THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM**

**Hospital Code Number:**

### Patient Identification & General Details

**MRN (UR No.):** \_\_\_\_\_ **Sex:** M  F  **DOB:** / /

**Date Admitted to Hospital:** / / **Discharge Date:** / / *OR*  **Not Yet Discharged**

**What was the main patient classification in the 48 hours prior to *S. aureus* blood culture being collected?**

acute       rehabilitation       mental health       palliative care  
 alcohol & drug       geriatric evaluation & management (GEM)       other, please specify: \_\_\_\_\_

### Infection Details

**Specimen Collection Date\*:** / / \*This is the SAB episode date

**SAB definition 1 (Healthcare associated)** - The patient's first *S. aureus* blood culture was collected more than 48 hours after admission to this hospital or less than 48 hours after discharge.  
*OR*

**SAB definition 2 (Healthcare associated)** - The patient's first *S. aureus* blood culture was collected less than or equal to 48 hours after hospital admission AND one of the following key clinical criteria was met for the patient episode of SAB:

- SAB is a complication of the presence of an indwelling medical device (e.g. IV line, HD vascular access, CSF shunt, IDC)
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- SAB was diagnosed within 48 hours of a related invasive instrumentation or incision
- SAB is associated with neutropenia (neutrophils:  $<1 \times 10^9/L$ ) contributed to by cytotoxic therapy

*(NOTE: Do not report SAB as definition 2 if key clinical criteria occurred as a result of care anywhere other than this hospital. If it occurred as a result of care at another public hospital, inform this hospital a SAB has occurred and provide details e.g. date of culture and antibiotic sensitivities. If it occurred as a result of care at a non-public hospital/healthcare facility see SAB definition 3.)*

*OR*

**SAB definition 3 (Healthcare associated)** - The patient's first *S. aureus* blood culture was collected less than or equal to 48 hours after hospital admission AND one of the key clinical criteria in SAB definition 2 was met AND the key clinical criteria occurred as a result of care at a non-public hospital or other health facility (e.g. GP clinic, radiology clinic, private hospital).  
*OR*

**SAB definition 4 (Community associated)**- The patient's first *S. aureus* blood culture was collected less than or equal to 48 hours after hospital admission and none of the key clinical criteria in SAB definition 2 were met.

**SAB definition 1 & 2 Only** Was this an Intravascular (IV) line associated SAB?  Yes  No  Not Investigated

### Antimicrobial Susceptibility

Antibiotic	Susceptibility			
Methicillin (oxycillin or flucloxacillin)	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	
Ciprofloxacin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Clindamycin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Daptomycin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Erythromycin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Fusidic Acid	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Rifampicin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Trimethoprim/Sulfamethoxazole	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown
Vancomycin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Resistant	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Unknown

**Was an investigation (or root cause analysis) undertaken:**  Yes  No<sup>#</sup>

<sup>#</sup> Further investigation is recommended for all healthcare associated SAB. (Refer to the [Bloodstream Infection Fact Sheet and Guide for Investigation Sheets](#) on the VICNISS website).