

Instructions for Completion of ICU/NNL Data Forms: ICU (CLABSI) / NNL (CLABSI / PLABSI)

Please refer to the table below for more information on each VICNISS required data field.

ICU MONTHLY DENOMINATOR

NNL MONTHLY DENOMINATOR

Data Field	Instructions for Data Collection
Hospital Code Number	Enter the VICNISS assigned hospital code number.
For Month of	Enter the name of the month during which the surveillance data was collected.
Year	Enter the year during which the surveillance data was collected.
ICU Type	Enter the type of ICU – either medical/surgical, paediatric or immunocompromised.
Total number of new patients admitted to unit this month	Enter the total number of new patients admitted to the ICU/NNL Unit during the month under surveillance. This data must be collected on the first day of the next month after ceasing the ICU surveillance component. NNL Only – sub categorised into 5 birthweight categories.
Total number of patients in unit this month	Enter the total number of patients in the ICU/NNL Unit during the month under surveillance. This data must be collected on the first day of the next month after ceasing the ICU surveillance. NNL Only – sub categorised into 5 birthweight categories.
Total number of central line days this month	Enter total number of patient central line days (NNL Only – with or without peripheral line) during the month under surveillance. Each day of the month the number of patients with a central line insitu are counted and then summed and the total reported for that month. This data must be collected on the first day of the next month after ceasing the ICU surveillance component. NNL Only – sub categorised into 5 birthweight categories.
NNL: Total number of peripheral line days this month	Enter total number of patient peripheral line days during the month under surveillance (sub categorised into 5 birthweight categories). This data must be collected on the first day of the next month after ceasing the ICU surveillance component.
<i>Total number ventilator days this month</i>	<i>Only applicable for VAP surveillance</i>
Number of patients in ICU/NNL on the first day of the month	Enter the total number of patients in the ICU/NNL Unit on the first day of the month under surveillance. NNL Only – sub categorised into 5 birthweight categories.

Data Field	Instructions for Data Collection
Number of patients in ICU/NNL on the first day of the next month	Enter the total number of patients in the ICU/NNL Unit on the first day of the next month. NNL Only – sub categorised into 5 birthweight categories.
Infection detected this month	Tick Yes if any device associated infections under surveillance were detected during this month. If no infections detected, tick No.
If yes, Total number CLABSI <i>Total Number VAP</i> NNL: Total Number PLABSI	Enter total number of central line associated BSIs (CLABSI) detected during the month under surveillance. <i>Only applicable for VAP surveillance.</i> Enter total number of peripheral line associated BSIs (PLABSI) detected during the month under surveillance.

ICU INFECTION (NUMERATOR)

NNL INFECTION (NUMERATOR)

Data Field	Instructions for Data Collection
Hospital Code Number	Enter the VICNISS assigned hospital code number.
MRN (UR No.)	Enter the patient UR Number. This is the alphanumeric patient identifier assigned by the hospital and may consist of a combination of numbers, letters, spaces, dashes or leading zeroes, e.g., 000-123-A.
Sex	Tick male or female to indicate the gender of the patient.
DOB	Enter the date of the patient's birth using this format: day/month/year (DD/MM/YYYY).
Date admitted to Hospital	Enter the date the patient was admitted to the acute hospital using this format: DD/MM/YYYY.
ICU Type	Enter the type of ICU – either medical/surgical, paediatric or immunocompromised.
NNL: Exact Birth Weight in Grams	Enter the exact birthweight of the infant in grams.
Date admitted to ICU/NNL	Enter the date the patient was admitted to the Intensive Care Unit (ICU) or Neonatal Unit (NNL) using this format: DD/MM/YYYY.
Date Discharged from ICU/NNL	Enter the date the patient was discharged (alive or deceased) from the ICU/NNL Unit or has been transferred to home or a HITH program and is not on temporary leave from the hospital (e.g., weekend pass); using this format: DD/MM/YYYY.
Infection Site <i>Pneumonia</i>	Enter the site of the patient's healthcare associated infection from the pick list: <i>Only applicable for VAP surveillance</i>

Data Field	Instructions for Data Collection
Bloodstream infection	Tick if infection meets VICNISS criteria for central line associated bloodstream infection (CLABSI).
Infection Type	Enter the type of infection (VAP or CLABSI) according to the picklist: <i>Pneumonia 1</i> <i>Pneumonia 2A</i> <i>Pneumonia 2B</i> <i>Pneumonia 3</i> Only applicable for VAP surveillance
Laboratory confirmed bloodstream infection	Tick if BSI meets VICNISS criteria for CLABSI.
Central Line	Tick Yes if a central line was insitu within 48 hours of the development of the BSI.
NNL: Central line or Umbilical Catheter	Tick Yes if a central line or umbilical arterial/venous catheter was insitu within 48 hours of the development of the BSI.
NNL: Peripheral Line Only	Tick Yes if a peripheral line was insitu within 48 hours of the development of the BSI, otherwise enter No. If the patient has both central and peripheral catheters insitu tick No.
TPN	Tick Yes if total parenteral Nutrition (TPN) was used within 48 hours before development of the bloodstream infection, otherwise tick No.
Ventilator	Only applicable for VAP surveillance
Infection Date	Enter the infection date; that the first evidence of infection appears or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first; using this format: DD/MM/YYYY.
Died	Tick Yes if patient died during current hospitalisation, otherwise tick No.
Date of Death	Enter the date the patient died using this format: DD/MM/YYYY.
Organism Isolated	Tick Yes if a pathogenic organism has been isolated from an appropriate specimen, otherwise tick No.
Name of Primary Organism	Enter the name of the primary organism causing the infection.
Antimicrobial Susceptibility	If organism was <i>Coagulase negative staph.</i> , <i>Enterococcus faecalis</i> , <i>Enterococcus faecium</i> , <i>Staphylococcus aureus</i> , <i>Acinetobacter spp.</i> , <i>Enterobacter spp.</i> , <i>E. coli</i> , <i>K. oxytoca</i> , <i>K. pneumonia</i> , <i>P. aeruginosa</i> , <i>S. marcescens</i> or <i>S. maltophilia</i> enter antimicrobial susceptibility according to the picklist. For each antibiotic listed enter the susceptibility – sensitive, resitant, intermediate or unknown. If organism is not listed antimicrobial susceptibility is not required.