

Instructions for Completion of ICU Data Forms: VAP

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

ICU 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 monthly denominator data was collected using this format: DD/MM/YYYY (day/month/year).
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 during the month under surveillance. This data must be collected on the first day of the next month after ceasing the ICU surveillance component.
Total number of patients in unit this month	Enter the total number of patients in the ICU during the month under surveillance. This data must be collected on the first day of the next month after ceasing the ICU surveillance.
<i>Total number of central line days this month</i>	<i>Only applicable for CLABSI surveillance.</i>
Total number ventilator days this month	Enter total number of patients with a ventilator insitu during the month under surveillance. Each day of the month the number of ventilated patients 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.
Number of patients in ICU on the first day of the month	Enter the total number of patients in the ICU Unit on the first day of the month under surveillance.
Number of patients in ICU on the first day of the next month	Enter the total number of patients in the ICU on the first day of the next month.
Infection detected this month	Tick Yes if any VAP were detected during this month. If no infections detected, tick No.
If yes, <i>Total number CLABSI</i> Total Number VAP	<i>Only applicable for CLABSI surveillance.</i> Enter total number of ventilated associated pneumonia (VAP) cases detected during the month under surveillance.

ICU 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: DD/MM/YYYY (day/month/year).
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.
Date Admitted to ICU	Enter the date the patient was admitted to the Intensive Care Unit (ICU) using this format: DD/MM/YYYY.
Date Discharged from ICU	Enter the date the patient was discharged (alive or deceased) from the ICU 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 Pneumonia <i>Bloodstream infection</i>	Enter the site of the patient's healthcare associated infection from the pick list: Tick if infection meets VICNISS criteria for VAP. <i>Only applicable for CLABSI surveillance.</i>
Infection Type Pneumonia 1 Pneumonia 2A Pneumonia 2B Pneumonia 3 <i>Laboratory confirmed bloodstream infection</i>	Enter the type of infection (VAP) according to the picklist: Tick if VAP meets VICNISS criteria for clinically defined pneumonia (PNU 1). Tick if VAP meets VICNISS criteria for pneumonia with common bacterial and filamentous fungal pathogens and specific laboratory findings (PNU 2A). Tick if VAP meets VICNISS criteria for viral, legionella and other bacterial pneumonias with definitive laboratory findings (PNU 2B). Tick if VAP meets VICNISS criteria for pneumonia in immunocompromised patients (PNU 3). <i>Only applicable for CLABSI surveillance.</i>
<i>Central Line</i>	<i>Only applicable for CLABSI surveillance.</i>
<i>TPN</i>	<i>Only applicable for CLABSI surveillance.</i>

Data Field	Instructions for Data Collection
Ventilator	Tick Yes if ventilator has been used within 48 hours before the development of VAP, otherwise enter No During weaning, intermittent CPAP via tracheostomy is included as ventilator and ticked as Yes.
Infection Date	Enter the 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 pathogen 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, resistant, intermediate or unknown. If pathogen is not listed antimicrobial susceptibility is not required.