

Reviewer / hospital		Date review started	
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PATIENT DEMOGRAPHICS									
Patient sticky label if available, else enter details here →				MRN		DOB		Sex	
				Surname				Post-code ↓	
				Given name					
Ethnicity	Australian Aborigine / TSI			Middle Eastern			South Asian		
	East and SE Asian			Latin American			Other		
	European (=Caucasian)			African			Unknown ethnicity		
	Maori			Pacific Islander (non-Maori)					

ADMISSION DETAILS									
Date of presentation		Presented from (circle)	Pvte. home / Homeless / N. home / Institution / Transfer				Tick box if not admitted		
Date of separation		Separation to (circle)	Routine discharge / Signed out / Died in hospital / Transfer out / HITH						
Reason for admission	For care of this <i>S. aureus</i> bacteremia (tick box)			For another diagnosis (specify)					
Hospital 1 <sup>st</sup> pos.(+) blood culture taken				Ward / area of 1 <sup>st</sup> (+) blood culture					
Consultant at time of 1 <sup>st</sup> pos. (+) B/C				Specialty at time of 1 <sup>st</sup> pos. (+) B/C					
Was patient admitted to ICU during care of this SAB in the SHN or elsewhere (including onset of SAB in ICU)?				Date of admission to ICU					

ISOLATE DETAILS											
Date of first positive blood culture				Laboratory episode number							
Sensitivity testing Resistant: R Intermediate: I Sensitive: S Unknown / not tested: U	Cephalothin/zolin/fox			Fusidic acid			Tetracycline			Pristinamycin	
	Ciprofloxacin			Gentamicin			Vancomycin			Quinu/dalfopristin	
	Clindamycin/linco			Methicillin			Cotrimoxazole			Tigecycline	
	Erythromycin			Penicillin			Linezolid				
	Fluclo/dicloxacillin			Rifampicin			Nitrofurantoin			Vancomycin MIC	
Isolate is a (circle)...	PSSA	MSSA	HA-MRSA	UK-MRSA	CA-MRSA	h-VISA	VISA	VRSA			
Date of the last positive blood culture for this episode?				Was a -ve surveillance BC taken 48-96 hrs after starting effective antibiotics?			Date of first -ve BC?				

ACQUISITION DETAILS											
Primary classification (use AICA definitions, link available at <a href="http://www.boutlis.com">www.boutlis.com</a> )	Community associated		HCA-outpatient, ours					Maternal (transplacental)			
	Nursing home associated		HCA-outpatient, other hosp					Unknown			
	HCA-inpatient		HCA-outpatient, VMO / GP								
In opinion of ICP, hospital, ward, NH, location it likely originated											
In opinion of ICP, if health-care associated, specialty patient under at time it likely originated											
In opinion of ICP, if health-care associated, consultant at time it likely originated											
ANZCOSS HCA and community risk factors (can indicate > 1)  Indicate with a <input checked="" type="checkbox"/> only or U (in N/A column if unknown)	Most recently within...	3 mo	6 mo	12 mo	N/A	Present within last...	3 mo	6 mo	12 mo	N/A	
	Hospitalisation not birth					Close contact HCA MRSA					
	Surgery					Close contact CA MRSA					
	Dialysis					Intravenous drug use IVDU					
	Resident in longterm care					* e.g., household, institutional, work-related (e.g., HCW) contact with known colonised or infected patients					
Device related bacteremias (tick relevant box or NOT DEVICE RELATED box)											
NOT DEVICE RELATED		IV – CVC (non-dialysis)				Pacemaker – non-defib.			Tube – nasogastric		
Catheter – peritoneal		IV – Peripheral line				Pacemaker – temp. wire			Tube – nephrostomy		
Catheter – urinary (suprapubic)		IV – PICC				Shunt – CSF (central)			Tube – PEG feeding tube		
Catheter – urinary (urethral)		Mesh – surgical				Shunt – CSF (epidural)			Valve – aortic		
Implantable defibrillator		Orthopedic – prosthetic hip joint				Stent – biliary			Valve – mitral		
Implantable infusion device		Orthopedic – prosthetic knee joint				Stent – esophageal			Valve – pulmonary		
Implantable nerve stimulator		Orthopedic – prosthetic other joint				Stent – respiratory			Valve – tricuspid		
Intra-cardiac (non-valve)		Orthopedic – screws and/or plates				Stent – urinary			Vascular graft – synthetic (e.g., gortex fistular)		
IV – CVC (Dialysis)		Orthopedic – wires				Stent – vascular			OTHER DEVICE (BELOW)		
Other device (specify)											

<i>Most likely primary site of origin of the bacteremia (or secondary site if device-related and relevant)</i>				
If device-related but no secondary site, tick here	CVS – pericarditis		Hepatobiliary	Skin / soft tissue – skin and/or fascia
Central nervous system (includes epidural abscess)	Genital tract		Lymphatic	Skin / soft tissue – surgical wound
CVS – native AV fistula	GIT – abdo cavity		Musculoskeletal – bone	Transplacental
CVS – endocarditis (aortic or mitral; left sided)	GIT – alimentary tract		Musculoskeletal - joint	Urinary
CVS – endocarditis (tricuspid or pulmonary; right)	Head and neck (dental and/or oral)		Musculoskeletal – discitis	Unknown – sepsis syndrome with no focus
CVS – intravascular other	Head and neck (ENT)		Respiratory tract (e.g., pneumonia, empyema)	
CVS - mediastinitis	Head and neck (eyes)		Skin / soft tissue – muscle	
<i>Other factors relevant to the onset and origin of the bacteremia (Y or N in each of first 4 boxes)</i>				
Was there a deep abscess at the primary site of origin?			Was the patient neutropenic at the time of diagnosis (neutrophil count < 1x10 <sup>9</sup> /L)?	
Was there an invasive procedure < 48 hrs previously related to the source (e.g., insertion of a CVC, biliary stent etc.)?			Was there a surgical site infection related to the source from a procedure in the previous 30 days (e.g., hip wound)?	
If yes, name of procedure?		If yes, details of surgical site?		

CLINICAL TREATMENT AND OUTCOME				
What was the first date that antibiotics with activity against this type of <i>S. aureus</i> were commenced?				
Principal treatment (main agent used for <u>definitive</u> IV treatment of SAB, i.e., after susceptibility results): Choose one only				
NOT TREATED AT ALL	Daptomycin	Moxifloxacin	Vancomycin	
Benzylpenicillin/Amp/Amox	Dicloxacillin	Piperacillin-tazobactam	OTHER (specify below)	
Cephazolin/Cephalothin	Flucloxacillin	Teicoplanin		
Clindamycin/Lincomycin	Linezolid	Ticarcillin-clavulanate		
Co-trimoxazole (Bactrim)	Meropenem / Imipenem	Tigecycline		
Date 7 days after collection of B/C		Date 30 days after collection of B/C		
Outcome at 7 days after collection of initial blood culture	Survived	Outcome at 30 days after collection of initial blood culture	Survived	
	Died		Died	
	Unable to determine		Unable to determine	
If the patient was known to have died (even if subsequent to 30 days), what was the date of death?				
If the patient died, then was the cause of death (circle):		Due to SAB / Contributed to by SAB / Unrelated to SAB		

CASE REVIEW OF RISK FACTORS AND POTENTIALLY PREVENTABLE FACTORS									
Comorbid conditions  Indicate <input checked="" type="checkbox"/> , <input checked="" type="checkbox"/> or ?	Burns		Diabetes		Vascular disease				
	Chronic renal disease		Immunocompromised (including non-steroid drugs, e.g, chemo)		Relevant skin condition				
	Chronic respiratory disease		Likely self-contamination (e.g., confused patients, IVDU)		Other relevant condition (specify)				
	Chronic steroid use		Previous <i>S. aureus</i> bacteremia with same type						
Had this type of <i>S. aureus</i> been isolated before?									
If yes, what was the first date (use 15 <sup>th</sup> if only month is known; 1 July if only year)?						If yes, had decolonisation been attempted?			
Has patient been isolated and had contact precautions?		Yes, single room		Yes, cohorted in a bay		No, on general ward			
<i>Complete this section only if a device, including IV, was identified as the primary cause of the bacteremia</i>									
What was the device?									
Where was the device located?									
On what date was it inserted (enter unknown if not known)?									
Was the device, removed? If so, on what date?				Was the <i>same</i> type of <i>S. aureus</i> isolated from the device itself?				From the site of the device?	
If the device was an IV line, what was the main indication (e.g., antibiotics, TPN, inotropes, chemo, dialysis, IV fluids)?									
If the device was not an IV, what was the main indication?									
Was device left in place longer than <i>required</i> ?						Was device left in place longer than <i>recommended</i> ?			

OTHER INFORMATION OF RELEVANCE TO THE CASE REVIEW			
Was a cardiac echocardiogram performed, if so, what type(s) and on what date(s)?			
Was patient referred to infect. diseases (circle)?	Unit referral / Self-referred by ID / Not referred	If yes, ID advice followed (circle)?	Completely / Partially / Not at all / N/A
Other general comments of relevance to the case review			

