Reviewer / hospital		Date review started	

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 *S. aureus* bacteremia (tick box)		For another diagnosis (specify)		
Hospital 1st pos.(+) blood culture taken			Ward / area of 1st (+) blood culture		
Consultant at time of 1st pos. (+) B/C			Specialty at time of 1st 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	Cepalothin/zolin/fox		Fusidic acid		Tetracycline		Pristinamycin									
Resistant: R	Ciprofloxacin		Gentamicin		Vancomycin		Quinu/dalfopristin									
Intermediate: I	Clindamycin/linco		Methicillin		Cotrimoxazole		Tigecycline									
Sensitive: S	Erythromycin		Penicillin		Linezolid											
Unknown / not tested: U	Fluclox/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 www.boutlis.com)	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 ☑ 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)							

Most likely primary site of origin of the bacteremia (or secondary site if device-related and relevant)							
If device-related but no secondary site, tick here		CVS – pericarditis		Hepatobiliiary		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 (tri-cuspid 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			

Other factors relevant to the onset and origin of the bacteremia (Y or N in each of first 4 boxes)			
Was there a deep abscess at the primary site of origin?		Was the patient neutropenic at the time of diagnosis (neutrophil count < 1x10^9/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 S. aureus 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 ☑, ☒ 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 *S. aureus* bacteremia with same type					
Had this type of S. aureus been isolated before?								
If yes, what was the first date (use 15th 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			
Complete this section only if a device, including IV, was identified as the primary cause of the bacteremia								
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 *same* type of *S. aureus* 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 *required*?			Was device left in place longer than *recommended*?					

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			

Give details of identified failures in any or multiple of the following (specify if yes; otherwise "No" or "Unknown")	
Prolonged inappropriate antibiotic use	
Adherence to device care policies	
Hand hygiene (e.g., product placement, include results of last audit)	
Cleaning and equipment decontamination (e.g., level of cleanliness on the ward)	
PPE availability on ward (comment on stocks, brackets, trolleys) and usage practices by staff	
Contact precautions / isolation on the ward	
Ward environment (e.g., amount of clutter, bed spacing)	
Understaffing on the ward (comment on staffing level at time of bacteremia)	
Staff knowledge and competency	
Known outbreak of this type of *S. aureus* on the ward	
Relevant surgical factors related to this or a previous admission	
Relevant medical factors related to this or a previous admission	
Other factors that may have influenced the chance of acquisition (including relevant treatment protocols)	

Summary and recommendations								
In your view, was this episode most likely…		Preventable		Potentially preventable		Unpreventable		
Could a surgical procedure, if done earlier, prevented this infection?			If so, how?					
If preventable or potentially preventable, please list the most relevant factors that you would like treating team to know about and understand								
Could protocols or procedures be changed to prevent similar infections in the future? If so, please detail your suggestions								
Other comments								

Additional notes
People who should be notified (full names and designations) – include all direct-care doctors and NUM