

## APIC Surveillance SIG Surveillance Questions May 2022

### Scenario 1

In the following scenario, what type of HAI criteria are met?

4/10 55-year-old female patient with a history of chemotherapy treatment for Acute Lymphocytic Leukemia (ALL) is admitted to the Medical/Oncology ward with a right chest Mediport which was accessed upon admission to the floor for IV fluids. According to the History and Physical -She is complaining of a severe sore throat and mouth pain. There are white patches and plaque along her tongue and soft palate.

4/12 Physician Progress Note- Pt with continued oral pain. Severe ulcerations and white patches along tongue and soft palate. Scrapings sent for culture and pathology.

4/12 Oral scrapings pathology report: KOH: Yeast present

4/13 Physician Progress Note- Pt febrile to 103 overnight. Pan-cultured.

4/13 Blood culture: Candida species

Does the patient have a CLABSI?

What NHSN criteria is met (example LCBI 3, SIP b, IAB 3b)?

What organism (s) would be reported to NHSN?

Please complete the following for each definition that was met:

What is the Infection Window Period (IWP)?

What is the Date of Event (DOE)?

What is the Repeat Infection Timeframe (RIT)?

What is the Secondary BSI Attribution Period?

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- Infection Window Period (IWP) (first positive diagnostic test, 3 days before and 3 days after)
- Date of Event (DOE) (date the first element occurs for the first time within the infection window period)
- Repeat Infection Timeframe (RIT) (14 day timeframe where date of event = day 1)
- Secondary BSI Attribution Period (SBAP) (IWP + RIT)
- Worksheet Generator: <https://nhsn.cdc.gov/nhsntraining/calculator/workgen.html>

## Scenario 2

4/13 70-year-old patient is admitted to the Cardiac ICU with a history of Chronic Obstructive Pulmonary Disorder (COPD) and Renal Failure with history of hemodialysis, admitted with weakness and feeling unwell. Patient has an arteriovenous (AV) fistula to left arm.

4/13 Blood cultures on admission- No growth

4/21 ICU Progress Note: Worsening renal function. AV graft infiltration. Left Subclavian Quinton Cath placed, and dialysis performed through catheter.

4/23 ICU Progress note: White Blood Cell count continues to increase: Blood & Urine cultures obtained

4/23 BC Enterococcus faecalis

4/24 BC Enterococcus faecalis

4/26 BC Enterococcus faecalis

4/27 BC Enterococcus faecalis

4/28 Physician Progress Note: Infectious Disease (ID) consult for continued positive blood cultures

4/28 ID Progress note: Concern for endocarditis. Transthoracic Echocardiogram (TTE) ordered. Antibiotics initiated.

4/28 Transthoracic Echocardiogram (TTE) Report: Echogenic and fixed mitral valve mass present on the posterior leaflet. Cannot exclude vegetation

5/10 Pt discharged to Rehab Facility

Does the patient have a CLABSI?

What NHSN criteria is met (example LCBI 3, SIP b, IAB 3b)?

What organism (s) would be reported to NHSN?

Please complete the following for each definition that was met:

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