Department of Epidemiology and Community Medicine

Prevalence survey of nosocomial infections at the Charles Nicolle Hospital in Tunis - 2018 -

data collection form

ID : ……

Date of investigation: _ _ | _ _ | 2018

Inpatient ward: …… **Inpatient Unit :……**

General and individual information:

Date of birth _ _ | _ _ | _ _ _ _ **Age (ans) :**

Sex Female ☐ Male ☐

Weight (kg) : **Height (in cm):**

File Number : …… **Register Number: ……..**

Room number : …… **Bed Number: ……**

Educational level: Illiterate ☐ Primary ☐ Secondary ☐ Superior ☐

Profession : ……..

Date of admission to Hospital : _ _ | _ _ | _ _ _ _

Date of admission to ward : _ _ | _ _ | _ _ _ _

Tobacco :YES ☐ No ☐ Weaned ☐

Alcohol: YES ☐ No ☐ Weaned ☐ If weaned, specify the period :……..

Patient transferred : YES ☐ No ☐ **If YES; Date :** _ _ | _ _ | _ _ _ _

Original service :…….

Diagnostic category : Medical ☐ urgent surgery ☐ Programmed surgery ☐

Reason for admission :……

Infected patient on admission: YES ☐ NO ☐

If yes : Type of infection : ……..

Microorganism(s) : ……

Antibiotic (s) received : ……

……

……

Is the patient on antibiotics on the day of the survey? : YES ☐ NO ☐

If yes; specify the indication :…….

Molecules	**Start date** (dd/mm)	**Way**	**Dosage (**with unit**)**	**Indication**		
				prophylactic	**Curative**	**Coverage**
1)……	_____/ _____	**IV** ☐ **IM** ☐ **Oral** ☐	_____	☐	☐	☐
2) ……	_____/ _____	**IV** ☐ **IM** ☐ **Oral** ☐	_____	☐	☐	☐
3) ……	_____/ _____	**IV** ☐ **IM** ☐ **Oral** ☐	_____	☐	☐	☐

Surgery (within 30 days) YES ☐ NO ☐

If YES :Date of surgery : ☐☐ __ ☐☐☐☐ **; Duration of the operation (**in min**) :** ☐☐☐

Context of the surgery: in emergency ☐ , programmed ☐

Type of surgery: ……

Surgical approach: laparoscopic ☐ laparatomic ☐ other ☐

Surgical wound classification: I= Clean ☐ II= Clean-Contaminated ☐ ,
III= Contaminated ☐ IV= Dirty-Infected ☐

ASA score :_____

Post-operative follow-up: Simple ☐ **Complicated** ☐

Antibiotic prophylaxis: YES ☐ **No** ☐

If YES : ATB duration : ≤24h ☐ >24h ☐

<u>Intrinsic risk factors :</u>

Diabetes: YES ☐ NO ☐ **Treatments:** Oral ☐ Insulin ☐ Association ☐

If YES: Type I ☐ Type II ☐ **Duration of diabetes: …….**

Hypertention :Yes ☐ NO ☐

Neutropenia : YES ☐ NO ☐ If yes, value : _____

Immunosuppression : YES ☐ NO ☐

Progressive neoplasia : YES NO

If YES : Solid tumour ☐ Hematopathy ☐ Unknown ☐

Extrinsic factors:

	The day of the investigation		Within 7 previous days	
	YES	**NO**	**YES**	**NO**
Urinary catheter	☐	☐	☐	☐
Peripheral vascular catheter	☐	☐	☐	☐
Central vascular catheter	☐	☐	☐	☐
Tracheal intubation	☐	☐	☐	☐
Assisted ventilation	☐	☐	☐	☐
Tracheotomy	☐	☐	☐	☐
Parenteral Nutrition	☐	☐	☐	☐
Endoscopy ; If Yes, type :…….	☐	☐	☐	☐
Drain; If Yes, type :…….	☐	☐	☐	☐
Gastric tube	☐	☐	☐	☐
Implantable port system for chemotherapy	☐	☐	☐	☐
Other device ; specify:…… ……	☐	☐	☐	☐

Is the diagnosis of a healthcare associated infection retained? YES ☐ NO ☐

IF **YES** PLEASE FULFILL THE FOLLOWING INFORMATIONS:

Infection FORM

(to fulfill for patients having a HAI only)

Site(s) of infection:

Surgical site : ☐
- superficial (surgical wound): ☐
- Deep (organ / space) : ☐

Catheter infection : ☐
- located ☐
- septicaemic ☐

Urinary : ☐

Bacteremia : ☐

Respiratory (pneumonia) : ☐

Other sites : ☐
- osteoarticular ☐
- Cardiovascular ☐
- central nervous system ☐
- Eye infection ☐
- Gastrointestinal ☐
- respiratory tract (other than pneumonia) ☐
- Genital infection ☐
- Skin and soft tissue: ☐
- Other ☐ specify.....

Site of infection	**Sample:** YES ☐ NO ☐ If YES : indicate:				**antibiotic**	**Type of antibiotic**
	Type of sample	Date of sampling	Result	Microorganism(s) isolated(s)		
…… ……..	……..	___ /___/_____	Positive ☐ Negative ☐ In progress ☐	N° 1 :…… N°2 :…… N°3 :……	YES ☐ No ☐	Probabilistic ☐ Adapted to the antibiogram ☐
…… ……	……	___ /___/_____	Positive ☐ Negative ☐ In progress ☐	N°1 :…… N°2 :…… N°3 :……	YES ☐ No ☐	Probabilistic ☐ Adapted to the antibiogram ☐
…… ……	……	___ /___/_____	Positive ☐ Negative ☐ In progress ☐	N°1 :…… N°2 :…… N°3 :……	YES ☐ No ☐	Probabilistic ☐ Adapted to the antibiogram ☐
…… ……	……	___ /___/_____	Positive ☐ Negative ☐ In progress ☐	N°1 :…… N°2 :…… N°3 :……	YES ☐ No ☐	Probabilistic ☐ Adapted to the antibiogram ☐