## Vancomycin-resistant Enterococcal Blood Stream Infection Validation Check List - Adults

Organism identified: *E. faecalis* [ ]  *E. faecium* [ ]

Patient Identification Details:

Vancomycin resistant: Yes [ ]  No [ ]

If VRE please complete: *vanA* [ ]  *vanB* [ ]  *vanA* and *vanB* [ ]  unknown/other [ ]

Date of first positive blood culture: Click here to enter a date. *Instructions: To meet the case definition, events must fulfil* either *criterion 1* or *2*

|  |
| --- |
| **Criterion 1:** The patient’s first VRE blood culture was collected more than 48 hours after hospital admission or less than 48 hours after discharge from hospital |
|  | **Please tick** | **Initials** |
| Patient meets this criterion | Y [ ]  | N [ ]  |  |

**OR**

|  |
| --- |
| **Criteria 2:** The patient’s first positive VREblood culture was collected less than or equal to 48 hours after hospital admission and one or more of the following key clinical criteria was met for the patient-episode of VRE-BSI |
|  | **Please tick** | **Initials** |
| VRE-BSI is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter) | Y [ ]  | N [ ]  |  |
| VRE-BSI occurs within 30 days of a surgical procedure where the BSI is related to the surgical site | Y [ ]  | N [ ]  |  |
| VRE-BSI was diagnosed within 48 hours of a related invasive instrumentation or incision | Y [ ]  | N [ ]  |  |
| VRE-BSI is associated with neutropenia (neutrophils less 0.5 x 109/L) on two occasions contributed to by cytotoxic therapy | Y [ ]  | N [ ]  |  |

If any of these are NO, this DOES NOT fit the criteria for a VRE-BSI

Does this VRE-BSI meet surveillance criteria Y [ ]  N [ ]

Is this attributable to your organisation Y [ ]  N [ ]

(If NO, please ensure you contact the relevant facility to ensure this is reported)

Note: this form could be used for validating all HAI enterococcal bacteraemia episodes

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed. [Click here to enter a date.]

Notes: