

	S/W/M/B	Patient Trial Number				Last four digits of Patient ID				Date of Sample				Time of Sample				
Sample ID Number																		

Case Record Form (Final Version 1.1 - 29/07/2010)

The clinical diagnostic validity of rapid detection of healthcare-associated blood stream infection in intensive care using multi-pathogen real-time polymerase chain reaction (RT-PCR) technology

HTA project No: 08/13/16

Investigators:

Dr G Warhurst¹

Consultant NHS Scientist

Tel: [REDACTED]

Dr PM Dark²

Senior Lecturer / Honorary Consultant Intensivist

Tel: [REDACTED]

Pager: [REDACTED]

Dr A Bentley³

Consultant in Respiratory & Critical Care Medicine

Tel: [REDACTED]

Dr J Eddleston⁴

Consultant in Intensive Care Medicine

Tel: [REDACTED]

Dr P Dean⁵

Consultant Anaesthesia and Intensive Care Medicine

Tel: [REDACTED]

¹ Clinical Sciences Building, Salford Royal NHS Foundation Trust, M6 8HD

² Intensive Care Unit, Salford Royal NHS Foundation Trust, M6 8HD

³ Acute Intensive Care Unit, University Hospital of South Manchester M23 9LT

⁴ Intensive Care Department, Central Manchester University Hospitals, M13 9WL

⁵ Intensive Care Department, Royal Blackburn Hospital, BB2 3HH

Sample ID Number	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			

Recruitment

Inclusion criteria

Patient must meet all the following criteria to be eligible for recruitment into the study

- Patient currently receiving critical care
- Patient 16yrs or over
- Suspected HCAI infection
- Patient meets the SIRS Criteria

Exclusion criteria:

Any patient must be excluded if they are any of the following

- Patient admitted to hospital < 48 hours
- Patient under 16yrs
- Patients is on care of the dying pathway

SIRS Criteria

- | | |
|--|---|
| HR: > 90 bpm <input type="checkbox"/> | Temp: <36 or >38 <input type="checkbox"/> |
| RR: ≥ 20 breaths/min
or PaCO ₂ < 4.3 kPa <input type="checkbox"/> | WBC: ≥ 12,000 or ≤ 4,000 c/mm
or > 10% bands <input type="checkbox"/> |
| or Mechanically ventilated | |

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			
Sample ID Number																				

Significant admission details & specific details regarding last 7 days

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Trial Sample Data

Reason for BC / significant events

	Date	Site	Time	Designation
Primary BC	□□ / □□ / □□□□			
Primary PCR samples 4ml	□□ / □□ / □□□□			
Secondary PCR Sample	□□ / □□ / □□□□			
Whole Blood 1	□□ / □□ / □□□□			
Whole Blood 2	□□ / □□ / □□□□			
Secondary BC	□□ / □□ / □□□□			

Sample Labelling

Primary PCR Sample <input type="checkbox"/>	Secondary PCR Sample <input type="checkbox"/>	Whole Blood <input type="checkbox"/>	Plasma <input type="checkbox"/>
Number of Plasma aliquots <input type="checkbox"/>	Date spun	□□□□□□	Time spun □□□□

Sample transport

Transport arranged with trials office Date: □□ / □□ / □□□□ for:

(Tel: ██████████)

Samples given to courier Date: □□ / □□ / □□□□

Nurse:

Recipient:

Signature:

Signature:

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			
Sample ID Number																				

Assent/Consent

Assent Checklist

	Yes	No
Can patient consent at approach	<input type="checkbox"/>	<input type="checkbox"/>
Relative / Patients information sheet reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Written and informed assent obtained	<input type="checkbox"/>	<input type="checkbox"/>
Copy of assent form given to relative/ patient	<input type="checkbox"/>	<input type="checkbox"/> *
* (If 'no' arrange for deferred assent from Independent mental capacity advocate)		
Patient Consent obtained from survivors	<input type="checkbox"/>	<input type="checkbox"/>

Assent appointments & Notes

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

**Patient Observations
Day Zero**

Date: / /

a) Patient's observations at initial sampling

		Supporting Treatments	
WCC			
BP			
HR			
Temp			
FiO₂			
PaO₂			
CRP			

Critical Care minimum dataset derived score

Score	0	1	2
	No support	Basic Support	Advanced Support
Respiratory support			
Cardiovascular support			
Renal Support			
Neurological Support			
GI Support			
Dermatological Support			
Liver Support			
SubTotal			

CCMDS Score

=

	Yes	No		Yes	No
Indwelling urinary catheter in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Urinary catheter within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Other bladder instrumentation in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Other bladder instrumentation with last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral intravascular catheter in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral intravascular catheter within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral venous in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral venous in-situ within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Arterial in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Arterial in-situ within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Central intravascular catheter in-situ	<input type="checkbox"/>	<input type="checkbox"/>	Central intravascular catheter within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical ventilation within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Parenteral nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Parenteral nutrition within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Currently receiving systemic antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	IV antibiotics within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Picc Line	<input type="checkbox"/>	<input type="checkbox"/>	Picc Line within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Surgery within last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	Other invasive procedure within last 7 days	<input type="checkbox"/>	<input type="checkbox"/>

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			
Sample ID Number																				

**Patient Observations
Day Zero**

Date: / /

Clinical Pulmonary infection score calculation	
Temperature (°C)	Circle corresponding score
Between 36.5 and 38.4	0
Between 38.5 and 38.9	1
Less than 36 or greater than 39	2
Blood leukocytes, mm³	
Between 4,000 and 11,000	0
Less than 4,000 or greater than 11,000	1
+ band forms > equal to 50%	1
Tracheal secretions	
Absence of tracheal secretions	0
Presence of non-purulent tracheal secretions	1
Presence of purulent tracheal secretions	2
Oxygenation: Pa_{O2}/Fi_{O2}, KPa (may need to ask Consultant or Registrar)	
Greater than 32 or ARDS (ARDS defined as Pa _{O2} /Fi _{O2} , or equal to 26.7, pulmonary arterial wedge pressure less than 18 mmHg and acute bilateral infiltrates)	0
Less than or equal to 32 and no ARDS	2
Pulmonary radiography (ask Consultant or Registrar on Unit)	
No infiltrate	0
Diffuse (or patchy infiltrate)	1
Localized infiltrate	2
Progression of pulmonary infiltrate	
No radiographic progression	0
Radiographic progression (after CHF and ARDS excluded)	2
Culture of Tracheal aspirate (can be scored at Clinical Adjudication)	
Pathogenic bacteria cultured in rare or light quantity or no growth	0
Pathogenic bacteria cultured in moderate or heavy quantity	1
Same pathogenic bacteria seen on Gram stain	1
Total	

Any relevant imaging for infection source identification?

Any relevant procedures for infection source identification?

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Patient Surveillance

Study Day 1

Date: / /

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2	
	No support	Basic Support	Advanced Support	
Respiratory support				
Cardiovascular support				
Renal Support				
Neurological Support				
GI Support				
Dermatological Support				
Liver Support				
SubTotal				= CCMDS Score

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

Patient Surveillance

Study Day

2

Date:

--	--

 /

--	--

 /

--	--	--	--

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2
	No support	Basic Support	Advanced Support
Respiratory support			
Cardiovascular support			
Renal Support			
Neurological Support			
GI Support			
Dermatological Support			
Liver Support			
SubTotal			

=

--

--

CCMDS Score

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Patient Surveillance

Study Day 3

Date: / /

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2	
	No support	Basic Support	Advanced Support	
Respiratory support				
Cardiovascular support				
Renal Support				
Neurological Support				
GI Support				
Dermatological Support				
Liver Support				
SubTotal				=

CCMDS Score

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Patient Surveillance

Study Day 4

Date: / /

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2
	No support	Basic Support	Advanced Support
Respiratory support			
Cardiovascular support			
Renal Support			
Neurological Support			
GI Support			
Dermatological Support			
Liver Support			
SubTotal			

= CCMDS Score

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Patient Surveillance

Study Day | 5

Date: / /

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2	
	No support	Basic Support	Advanced Support	
Respiratory support				
Cardiovascular support				
Renal Support				
Neurological Support				
GI Support				
Dermatological Support				
Liver Support				
SubTotal				= <input style="width: 50px;" type="text"/>

CCMDS Score

	S/W/M/B	Patient Trial Number		Last four digits of Patient ID		Date of Sample		Time of Sample
Sample ID Number								

Patient Surveillance

Study Day 6

Date: / /

Significant Clinical events

Observations		Supporting Treatments
WCC		
Temp		
HR		
BP		
FiO ₂		
PaO ₂		
CRP		

Critical Care minimum dataset derived score

Score	0	1	2
	No support	Basic Support	Advanced Support
Respiratory support			
Cardiovascular support			
Renal Support			
Neurological Support			
GI Support			
Dermatological Support			
Liver Support			
SubTotal			

= CCMDS Score

Sample ID Number	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			

Patient Surveillance Summary

Patient Outcome

- Critical care length of stay (total) on this admission
- 28 day survival
- Survival to hospital discharge

Any Study related adverse or critical incidences	No	...if No this form is now ready for clinical sign off
	Yes	...if yes Detail below

Signature of Completion

All relevant sections of CRF is complete

Any loose sheets stapled to rear of CRF

Emailed trials office to signify completion

Name: _____

Signature: _____

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

Summary of definitions of levels of organs support in the critical care minimum data set

Organ System	Definition of level support
Basic Respiratory	<ul style="list-style-type: none"> • > 50% oxygen delivered by face mask • Close observation due to the potential for acute deterioration • Physiotherapy or suction to clear secretions at least two hourly • Patients recently extubated after a prolonged period of intubation and mechanical ventilation • Mask CPAP or non-invasive ventilation. • Patients who are intubated to protect the airway but needing no ventilatory support and who are otherwise stable
Advanced Respiratory	<ul style="list-style-type: none"> • Invasive mechanical ventilatory support • Extracorporeal respiratory support
Basic Cardiovascular	<ul style="list-style-type: none"> • Treatment of circulatory instability due to hypovolaemia • Use of a CVP line for basic monitoring or central access • Use of an arterial line for basic monitoring or sampling • Single intravenous vasoactive • Intravenous drugs to control cardiac arrhythmias • Non-invasive measurement of cardiac
Advanced cardiovascular	<ul style="list-style-type: none"> • Multiple intravenous vasoactive and/or rhythm controlling drugs • Patients resuscitated after cardiac arrest where intensive therapy is considered clinically appropriate. • Observation of cardiac output and derived • Intra aortic balloon pumping. • Temporary cardiac • Placement of a gastrointestinal tonometer
Renal	<ul style="list-style-type: none"> • Acute renal replacement therapy
Neurological	<ul style="list-style-type: none"> • Central nervous system depression sufficient to prejudice the airway and protective reflexes • Invasive neurological monitoring • Severely agitated or epileptic patients requiring constant nursing attention and/or heavy sedation
Gastrointestinal	<ul style="list-style-type: none"> • Feeding with parenteral or enteral nutrition
Dermatological	<ul style="list-style-type: none"> • Patients with major skin rashes, exfoliation or burns • Use of multiple, large trauma dressings • Use of complex dressings
Liver	<ul style="list-style-type: none"> • Extracorporeal liver replacement device

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

**-Use handbook definitions please-
Clinical Adjudication (Within previous 7 days from sample date)**

Bloodstream infection (BSI)	No	Yes																	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>

Pneumonia	No	Yes																	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>

Type of pneumonia

Clinically defined pneumonia	<input type="checkbox"/>																		<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia with specific laboratory findings																			<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia in immunocompromised patients																			<input type="checkbox"/>	<input type="checkbox"/>

Urinary tract infection	No	Yes																	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>

Type of UTI

Symptomatic urinary tract infection																			<input type="checkbox"/>	<input type="checkbox"/>
Asymptomatic bacteraemia																			<input type="checkbox"/>	<input type="checkbox"/>
Other infection of the urinary tract																			<input type="checkbox"/>	<input type="checkbox"/>

Surgical site infection	No	Yes																	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>																	<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>
																			<input type="checkbox"/>	<input type="checkbox"/>

Type of SSI

Superficial incisional																			<input type="checkbox"/>	<input type="checkbox"/>
Deep incisional																			<input type="checkbox"/>	<input type="checkbox"/>
Organ/Space																		<input type="checkbox"/>	<input type="checkbox"/>	

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

-Use handbook definitions please-

Other healthcare associated infections (within previous 7 days from sample date)

	No	Yes	→	Device/procedure related		Secondary BSI	
	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Yes	No
Bone and Joint	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central nervous system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes, ENT or Mouth	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive tract	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin & Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower respiratory tract –not pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

**-Use handbook definitions please-
Clinical Adjudication (sample day only)**

Bloodstream infection (BSI)

No Yes

Picc Line Related Yes No

Central line related

Peripheral line related

Cannula Related

Arterial line related

Pneumonia

No Yes

Type of pneumonia

Clinically defined pneumonia

Pneumonia with specific laboratory findings

Pneumonia in immunocompromised patients

Yes No

Secondary bloodstream infection

Ventilator related pneumonia

Urinary tract infection

No Yes

Type of UTI

Symptomatic urinary tract infection

Asymptomatic bacteraemia

Other infection of the urinary tract

Yes No

Secondary bloodstream infection

Catheter related

Surgical site infection

No Yes

Type of SSI

Superficial incisional

Deep incisional

Organ/Space

Yes No

Secondary bloodstream infection

Procedure category (Appendix)

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample				
Sample ID Number																					

-Use handbook definitions please-

Other healthcare associated infections (sample day only)

	No	Yes	→	Yes	No	→	Yes	No
Bone and Joint	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Central nervous system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Eyes, ENT or Mouth	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive tract	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Skin & Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Lower respiratory tract –not pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

Sample ID Number	S/W/M/B	Patient Trial Number				Last four digits of Patient ID				Date of Sample				Time of Sample			

-Use handbook definitions please-

Clinical Adjudication (within 7 days following sample day)

Bloodstream infection (BSI)	No	Yes		Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>		Picc Line Related	<input type="checkbox"/>	<input type="checkbox"/>
				Central line related	<input type="checkbox"/>	<input type="checkbox"/>
				Peripheral line related	<input type="checkbox"/>	<input type="checkbox"/>
				Cannula Related	<input type="checkbox"/>	<input type="checkbox"/>
		Arterial line related	<input type="checkbox"/>	<input type="checkbox"/>		

Pneumonia	No	Yes		Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>				
	Type of pneumonia					
	Clinically defined pneumonia			Secondary bloodstream infection	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia with specific laboratory findings						
Pneumonia in immunocompromised patients			Ventilator related pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	

Urinary tract infection	No	Yes		Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>				
	Type of UTI					
	Symptomatic urinary tract infection			Secondary bloodstream infection	<input type="checkbox"/>	<input type="checkbox"/>
Asymptomatic bacteraemia						
Other infection of the urinary tract			Catheter related	<input type="checkbox"/>	<input type="checkbox"/>	

Surgical site infection	No	Yes		Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>				
	Type of SSI					
	Superficial incisional			Secondary bloodstream infection	<input type="checkbox"/>	<input type="checkbox"/>
Deep incisional						
Organ/Space			Procedure category (Appendix)	<input type="checkbox"/>	<input type="checkbox"/>	

	S/W/M/B	Patient Trial Number					Last four digits of Patient ID					Date of Sample					Time of Sample			
Sample ID Number																				

-Use handbook definitions please-

Other healthcare associated infections (within 7 days following sample day)

	No		Yes			Device/procedure related		Secondary BSI	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Yes	No	Yes	No
Bone and Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes, ENT or Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive tract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin & Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower respiratory tract –not pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

