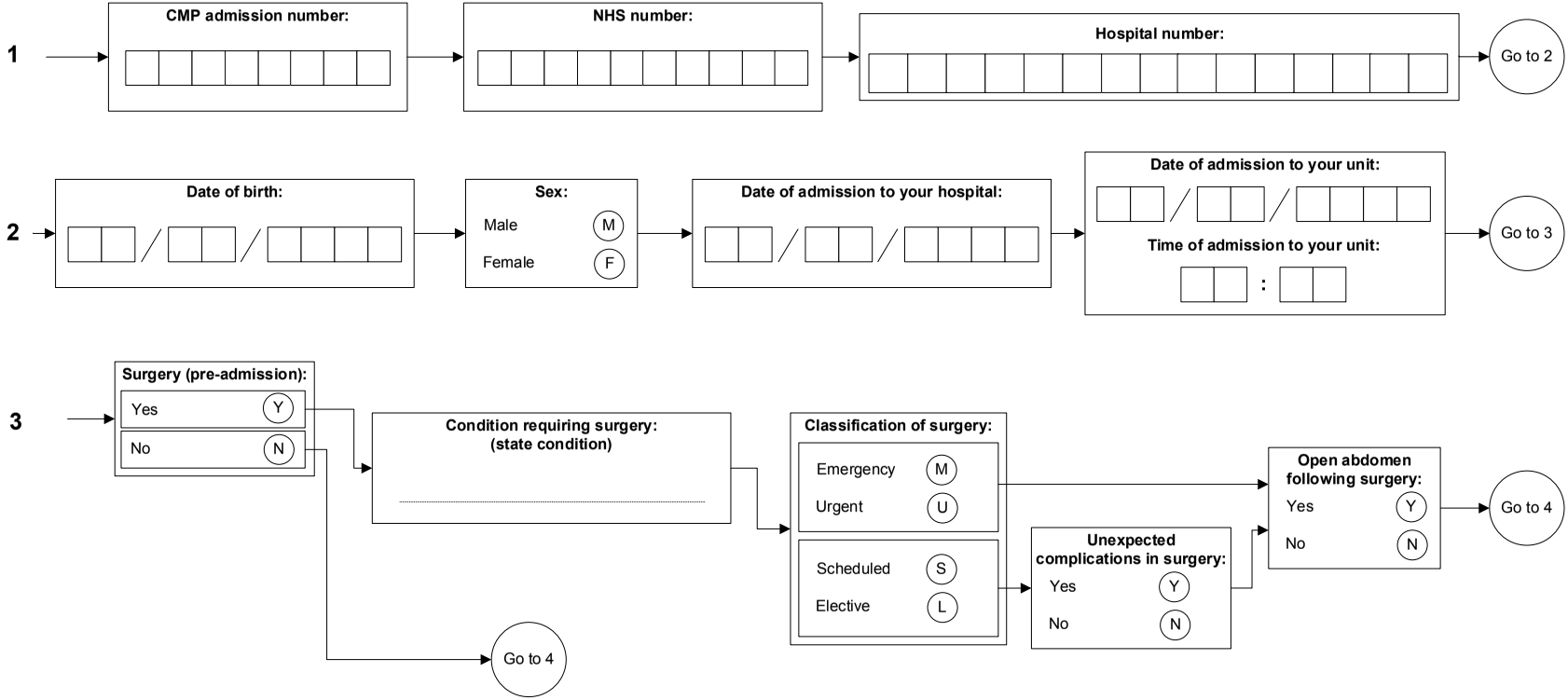
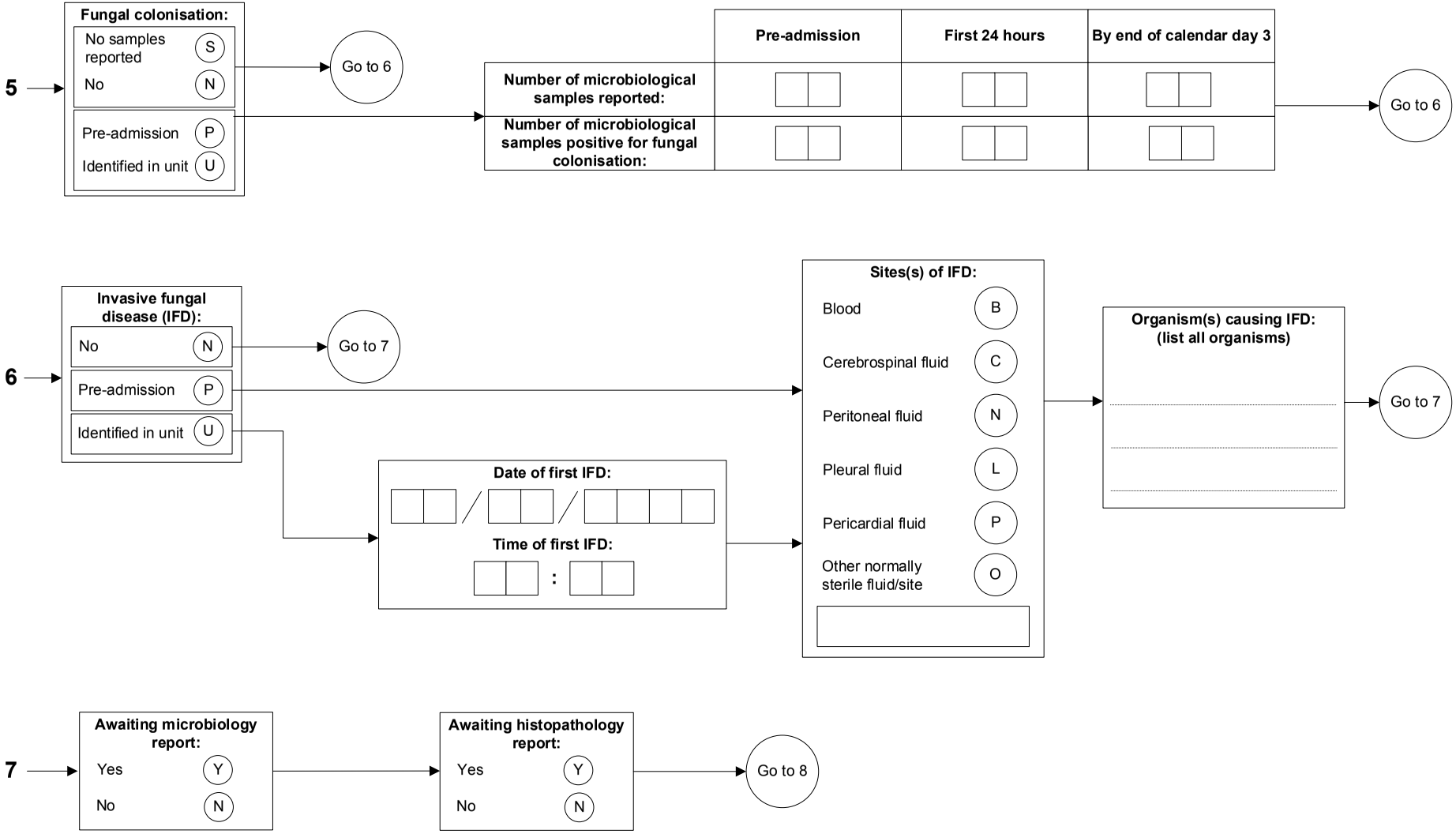
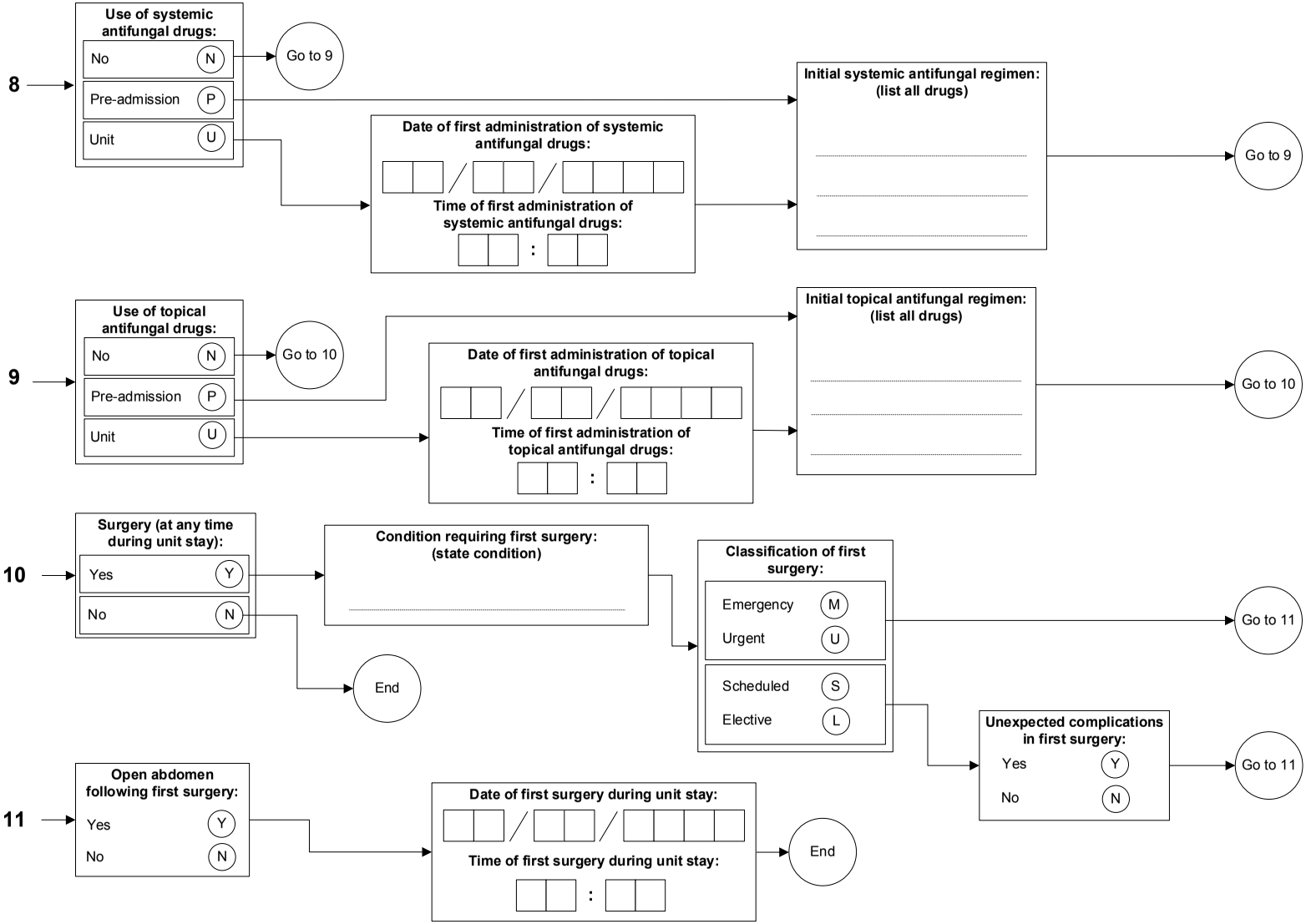

1
CMP admission number:
NHS number:
Hospital number:
Go to 2
2
Date of birth:
Sex:
Male M
Female F
Date of admission to your hospital:
Date of admission to your unit:
Time of admission to your unit:
Go to 3
3
Surgery (pre-admission):
Yes Y
No N
Condition requiring surgery:
(state condition)
Classification of surgery:
Emergency M
Urgent U
Scheduled S
Elective L
Unexpected complications in surgery:
Yes Y
No N
Open abdomen following surgery:
Yes Y
No N
Go to 4
Go to 4

4	Pre-admission	First 24 hours	By end of calendar day 3
Number of lines in arteries:	☐	☐	☐
Major intra-arterial devices?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Number of catheters in central veins:	☐	☐	☐
	Subclavian (S) Internal jugular (I) Femoral (F) External jugular (E) Antecubital (A)	Subclavian (S) Internal jugular (I) Femoral (F) External jugular (E) Antecubital (A)	Subclavian (S) Internal jugular (I) Femoral (F) External jugular (E) Antecubital (A)
Peripheral lines?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Number of intracranial devices/ perineural lines:	☐	☐	☐
Number of drains:	☐	☐	☐
Enteral feeding tube?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Urinary catheter?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Advanced respiratory support?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Renal support?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
TPN?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Neutropenic?		Yes (Y) No (N)	
Diabetes mellitus?	Yes (Y) No (N)		
Steroids?	No (N) Yes – high dose (H) Yes – low dose (L)	No (N) Yes – high dose (H) Yes – low dose (L)	No (N) Yes – high dose (H) Yes – low dose (L)
Immuno-suppressives?	Yes (Y) No (N)	Yes (Y) No (N)	Yes (Y) No (N)
Last antimicrobial(s) received prior to admission to your unit: (list all drugs)			
First antimicrobial(s) received following admission to your unit: (list all drugs)			


5
Fungal colonisation:
No samples reported
S
No
N
Pre-admission
P
Identified in unit
U
Go to 6
Pre-admission
First 24 hours
By end of calendar day 3
Number of microbiological samples reported:
Number of microbiological samples positive for fungal colonisation:
Go to 6
6
Invasive fungal disease (IFD):
No
N
Pre-admission
P
Identified in unit
U
Go to 7
Date of first IFD:
Time of first IFD:
Sites(s) of IFD:
Blood
B
Cerebrospinal fluid
C
Peritoneal fluid
N
Pleural fluid
L
Pericardial fluid
P
Other normally sterile fluid/site
O
Organism(s) causing IFD: (list all organisms)
Go to 7
7
Awaiting microbiology report:
Yes
Y
No
N
Awaiting histopathology report:
Yes
Y
No
N
Go to 8


8
Use of systemic antifungal drugs:
No N
Pre-admission P
Unit U
Go to 9
Date of first administration of systemic antifungal drugs:
Time of first administration of systemic antifungal drugs:
Initial systemic antifungal regimen: (list all drugs)
Go to 9
9
Use of topical antifungal drugs:
No N
Pre-admission P
Unit U
Go to 10
Date of first administration of topical antifungal drugs:
Time of first administration of topical antifungal drugs:
Initial topical antifungal regimen: (list all drugs)
Go to 10
10
Surgery (at any time during unit stay):
Yes Y
No N
End
Condition requiring first surgery: (state condition)
Classification of first surgery:
Emergency M
Urgent U
Scheduled S
Elective L
Go to 11
Unexpected complications in first surgery:
Yes Y
No N
Go to 11
11
Open abdomen following first surgery:
Yes Y
No N
Date of first surgery during unit stay:
Time of first surgery during unit stay:
End