

REPORT FORM

13th November 2002

**European Study Group on
Nosocomial Infections (ESGNI)
and
European Workgroup of
Cardiothoracic Intensivists (EWCI)**

**Assessment of the incidence of infections
in patients undergoing Major Heart
Surgery in 2001**

STUDY ESGNI 007

Please complete only ONE report form per ICU.

Please return completed forms to:

E. Bouza
Rocinante 5, 3º A. 28034 Madrid. Spain
Fax: +34.91.7355446
E. mail: esgni@esgni.org, Web: www.esgni.org

1. GENERAL DATA IN 2001 (COMPLETE ONLY ONE FORM PER ICU)

PROTOCOL COMPLETED BY (Please use block capitals)

First Name: _____ Last Name: _____

Position: _____

Unit: _____

Hospital: _____

Address: _____

City: _____ Postcode: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____ DATE: _____

SIGNATURE: _____

2. GENERAL INFORMATION ABOUT YOUR INSTITUTION IN 2001

Your institution is best defined as 1: Teaching, 2: Non-teaching

Your institution is best defined as 1: Private, 2: Public, 3: Both

Number of inhabitants in the area served by your hospital

Total number of beds in your institution

Number of hospital admissions in 2001 (>24 Hs)

3. GENERAL INFORMATION ABOUT YOUR INTENSIVE CARE UNIT

Your ICU is best defined as: 1: Only for postoperative Cardiac Surgery	<input type="text"/>
2: Mixed	
Total number of beds available in your ICU	<input type="text"/>
Total number of patients in one room	<input type="text"/>
Is it possible to isolate infected patients in your ICU? 1: Yes	<input type="text"/>
2: No	
Total number of nurses	<input type="text"/>
Total number of nurses during the day	<input type="text"/>
Total number of nurses during the night	<input type="text"/>
Total number of physicians	<input type="text"/>
Total number of physicians during the day	<input type="text"/>
Total number of physicians during the night	<input type="text"/>
The ICU director works: 1: Full-time	<input type="text"/>
2: Part-time	
<u>Total number of patients undergoing Major Heart Surgery in 2001</u>	<input type="text"/>

Protocol completed by: _____

**4. DATA REGARDING INFECTIONS IN PATIENTS UNDERGOING MAJOR HEART SURGERY
COLLECTED FROM YOUR 2001 RECORDS**

Number of patients with revascularization procedures	<input type="text"/>
Number of patients with valvular replacements	<input type="text"/>
Number of patients with mixed procedures	<input type="text"/>
Number of patients with heart transplantation	<input type="text"/>
Number of patients with all other procedures	<input type="text"/>
You have written guidelines for the care of	<input type="text"/>

1: The majority of infectious process, 2: Some infections, 3: None

Total number of patients <u>with infection</u> after MHS in 2001	<input type="text"/>
Number of patients with surgical wound infection in 2001	<input type="text"/>
Number of patients with mediastinitis and/or sternal osteomyelitis in 2001	<input type="text"/>
Number of patients with nosocomial urinary tract infection in 2001	<input type="text"/>
Number of patients with catheter-related bloodstream infection in 2001	<input type="text"/>
Number of patients with nosocomial endocarditis after MHS in 2001	<input type="text"/>
Number of patients who died after MHS (during ICU stay)	<input type="text"/>
Number of patients with mortality directly attributable to infection	<input type="text"/>

Please use your own criteria for the definitions of the diseases mentioned above

5. DATA on VENTILATOR-ASSOCIATED PNEUMONIA

Number of episodes of VAP after MHS in 2001

Regarding the etiologic diagnosis of VAP, which of the following best defines your unit?

- You regularly obtain bronchoscopically guided specimens* 1
You regularly obtain blinded LRT samples 2
You do not regularly obtain LRT samples 3

Do you regularly receive immediate microbiological information on the lower respiratory tract (LRT) specimens?

- (Gram stain, etc) Yes 1
 No 2

The microbiological report on the LRT secretions in your institution is best defined as:

- quantitative* 1
qualitative 2

Regarding cooperation with other departments, which of the following best defines your unit?

- You regularly receive advice on infectious diseases (ID)* 1
You receive advice on ID only upon request 2
You do not have an ID consultation available 3

Regarding therapy for VAP, which of the following best defines your unit?

- *Immediately after diagnosis you initiate broad-spectrum antimicrobials that are usually maintained if the evolution is appropriate* 1
 - *You immediately initiate broad-spectrum coverage that is later tailored to microbiological results when available (De-escalating option)* 2
 - *You prefer to start with a narrow spectrum treatment to be increased if needed with the microbiological report (Escalating option)* 3

Do you have written guidelines for the prevention of VAP in your hospital?

- Yes 1
 No 2