



Form A/B Validation User Patient list AM list HAI list

Hospital code: A 01

Ward code	Survey date	Ward specialty
neu	5.6.2017	MED
A 02	A 03	A 04



Ward code: A 02

Survey date: A 03 7

Patient counter:

Internal patient code (optional, not exported):

Age in year(s):

Age in month(s):

Sex:

Date of hospital admission:

Consultant/Patient specialty:

Patient receives antimicrobial(s):

Patient has at least one HAI:

A 05



lok

A 06

A 06

A 07

A 08

5. 6.2017

A 09

A 14 a

Antimicrobial use

A 14 b

HAI



Patients settings

Patient based (standard) protocol only

If neonate, birth weight: A 12 grams

Surgery since admission: A 10

McCabe score: A 11

Central vascular catheter: A 13

Peripheral line: A 13

Indwelling Urinary Catheter: A 13

Intubation: A 13



Form A/B User

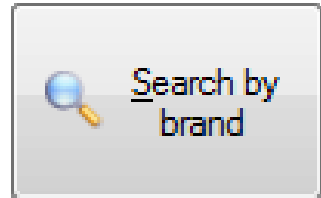
Hospital code: cel12 aut Ward code: neu aut Ward survey date: 5.6.2017 aut

Patient counter: 1 aut Hospital admission date: 1.6.2017 aut

Antimicrobial (ATC5): A 15

Route: A 16

Brand name (optional): lok



Indication: A 17

Diagnosis (site): A 18

Reason in notes: A 19

Date start antimicrobial: A 20 1. 6.2017

Was antimicrobial changed? (+ reason): A 21

If changed: date start first antimicrobial for this indication: A 22 1. 6.2017

Dosage per day: A 23 X A 24 A 25



Form A/B User

Hospital code: Ward code: Ward survey date: 7

Patient counter: Hospital admission date: 17

Case definition code: SSI-S=Surgical site infection, Superficial incisional

Relevant device: Origin of HAI: CURR=current hospital

HAI at admission: HAI associated to current ward: Y = Yes

Date of onset HAI: 5. 6.2017 If BSI: source

	Microorganism	AB1	SIR1	AB2	SIR2	PDR
<input type="text" value="A 33"/>						
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