

Infection episode			
Hospital code (country code – hospital ID)	_ _ _ - _ _ _ _ _		
ACORN ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Date of episode enrolment (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ _ - _ _ _ _ _		
Ward type	<input type="checkbox"/> Adult medical	<input type="checkbox"/> Paediatric medical	<input type="checkbox"/> Neonatal medical
	<input type="checkbox"/> Adult surgical	<input type="checkbox"/> Paediatric surgical	<input type="checkbox"/> Neonatal surgical
	<input type="checkbox"/> Adult ICU	<input type="checkbox"/> Paediatric ICU	<input type="checkbox"/> Neonatal ICU
	<input type="checkbox"/> Obstetrics / Gynaecology	<input type="checkbox"/> Haematology / Oncology	<input type="checkbox"/> Emergency department
Ward name	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _		

Blood culture details			
Date of blood culture collection (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ _ - _ _ _ _ _		
Received ≥1 dose of a systemic antibiotic in the 24 hours before the blood culture collected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Organism	<input type="checkbox"/> <i>Acinetobacter baumannii</i>	<input type="checkbox"/> <i>Burkholderia cepacia</i>	<input type="checkbox"/> <i>Burkholderia pseudomallei</i>
	<input type="checkbox"/> <i>Candida</i> sp	<input type="checkbox"/> <i>Citrobacter</i> sp	<input type="checkbox"/> <i>Cryptococcus neoformans</i> / <i>gattii</i>
	<input type="checkbox"/> <i>Enterobacter</i> sp	<input type="checkbox"/> <i>Enterococcus faecalis</i>	<input type="checkbox"/> <i>Enterococcus faecium</i>
	<input type="checkbox"/> <i>Escherichia coli</i>	<input type="checkbox"/> Group A <i>Streptococcus</i>	<input type="checkbox"/> Group B <i>Streptococcus</i>
	<input type="checkbox"/> <i>Haemophilus influenzae</i>	<input type="checkbox"/> <i>Klebsiella pneumoniae</i>	<input type="checkbox"/> <i>Morganella</i> sp
	<input type="checkbox"/> <i>Neisseria meningitidis</i>	<input type="checkbox"/> <i>Pantoea</i> sp	<input type="checkbox"/> <i>Proteus</i> sp
	<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	<input type="checkbox"/> <i>Salmonella</i> Paratyphi A	<input type="checkbox"/> <i>Salmonella</i> sp (NTS)
	<input type="checkbox"/> <i>Salmonella</i> Typhi	<input type="checkbox"/> <i>Serratia</i> sp	<input type="checkbox"/> <i>Staphylococcus aureus</i>
	<input type="checkbox"/> <i>Stenotrophomonas maltophilia</i>	<input type="checkbox"/> <i>Streptococcus pneumoniae</i>	<input type="checkbox"/> <i>Streptococcus suis</i>
	<input type="checkbox"/> <i>Talaromyces marneffei</i>		
	<input type="checkbox"/> Other, please specify _____		

Antimicrobial Susceptibility Test Results	Antimicrobial	Standard		Result (S/I/R)	Zone diameter (mm)	MIC (ug/ml)
	Amikacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Amoxicillin-Clavulanate	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ampicillin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ampicillin-Sulbactam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Azithromycin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Aztreonam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Cefepime	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Cefiderocol	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Cefotaxime	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Cefoxitin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ceftazidime	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ceftazidime-Avibactam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ceftriaxone	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Chloramphenicol	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ciprofloxacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Clindamycin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Colistin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Doripenem	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ertapenem	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Erythromycin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Gentamicin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Imipenem	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Imipenem-Relebactam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Levofloxacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Meropenem	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Meropenem-Vaborbactam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Minocycline	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Moxifloxacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Nitrofurantoin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Ofloxacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Oxacillin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Penicillin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Pefloxacin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			

Patient Case Record Form F02 – Infection episode

ACORN ID: _____

	Piperacillin-Tazobactam	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Polymyxin B	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Spectinomycin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Tetracycline	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Trimethoprim-Sulphamethoxazole	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Vancomycin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Amphotericin B	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Anidulafungin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Caspofungin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Micafungin	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Fluconazole	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			
	Posaconazole	<input type="checkbox"/> CLSI	<input type="checkbox"/> EUCAST			

Infection details			
Surveillance category	<input type="checkbox"/> CAI	<input type="checkbox"/> HAI (onset on Day3 admission onwards)	
Clinically suspected infection (major reason for IV antibiotic prescription) – definitions at bottom of page	<input type="checkbox"/> Unknown (not documented)		
	<input type="checkbox"/> Central nervous system	<input type="checkbox"/> Cardiovascular system	<input type="checkbox"/> Eye
	<input type="checkbox"/> ENT / Upper respiratory tract	<input type="checkbox"/> Lower respiratory tract	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Intra-abdominal	<input type="checkbox"/> Necrotising enterocolitis
	<input type="checkbox"/> Skin / Soft tissue	<input type="checkbox"/> Bone / Joint	<input type="checkbox"/> Surgical site
	<input type="checkbox"/> Urinary tract	<input type="checkbox"/> Genital	<input type="checkbox"/> Febrile neutropenia
	<input type="checkbox"/> Sepsis	<input type="checkbox"/> Other (diagnosis documented)	
	Severity score (participant ≥18 years): qSOFA score on day of blood culture collection		
Altered mentation (GCS <15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Respiratory rate (≥22 /min)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Systolic blood pressure (<100 mmHg)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Abnormal core temperature (<36°C or > 38°C) [not part of qSOFA]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Severity score (participant <18 years): LqSOFA on day of blood culture collection – definitions at bottom of form			
Prolonged capillary refill time (≥3 s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Altered mental state (VPU on AVPU scale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fast respiratory rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate tachycardia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Abnormal core temperature (<36°C or > 38°C) [not part of LqSOFA]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If neonatal patient (<28 days), reduced level of activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If neonatal patient (<28 days), feeding difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If neonatal patient (<28 days), convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
HAI-specific questions			
Date of symptom onset (dd-mmm-yyyy)	_ _ _ _ - _ _ _ _ - _ _ _ _ _		
Medical devices / procedures (HAI only)			
Medical devices present on the day of HAI symptom onset	<input type="checkbox"/> Peripheral IV catheter	<input type="checkbox"/> Central IV catheter	

	<input type="checkbox"/> Urinary catheter	<input type="checkbox"/> Intubation / Mechanical ventilation	
Admitted to ICU for more than 48 hours (2 days) since admission and day of HAI symptom onset	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown	
Surgery since admission and day of HAI symptom onset	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown	
Empiric antibiotic treatment			
Systemic antibiotics prescribed on day of blood culture collection	<input type="checkbox"/> Amikacin	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Amoxicillin-Clavulanate
	<input type="checkbox"/> Ampicillin	<input type="checkbox"/> Ampicillin-Cloxacillin	<input type="checkbox"/> Ampicillin-Sulbactam
	<input type="checkbox"/> Azithromycin	<input type="checkbox"/> Benzylpenicillin	<input type="checkbox"/> Cefaclor
	<input type="checkbox"/> Cefamandole	<input type="checkbox"/> Cefazolin	<input type="checkbox"/> Cefepime-Sulbactam
	<input type="checkbox"/> Cefepime	<input type="checkbox"/> Cefiderocol	<input type="checkbox"/> Cefixime
	<input type="checkbox"/> Cefoperazone	<input type="checkbox"/> Cefoperazone-Sulbactam	<input type="checkbox"/> Cefotaxime
	<input type="checkbox"/> Cefoxitin	<input type="checkbox"/> Cefpirome	<input type="checkbox"/> Ceftazidime
	<input type="checkbox"/> Ceftazidime-Avibactam	<input type="checkbox"/> Ceftazidime-Sulbactam	<input type="checkbox"/> Ceftizoxime
	<input type="checkbox"/> Ceftriaxone-Tazobactam	<input type="checkbox"/> Ceftriaxone	<input type="checkbox"/> Ceftriaxone-Sulbactam
	<input type="checkbox"/> Ceftriaxone-Tazobactam	<input type="checkbox"/> Cefuroxime	<input type="checkbox"/> Cephalexin
	<input type="checkbox"/> Chloramphenicol	<input type="checkbox"/> Ciprofloxacin	<input type="checkbox"/> Clarithromycin
	<input type="checkbox"/> Clindamycin	<input type="checkbox"/> Cloxacillin	<input type="checkbox"/> Colistin
	<input type="checkbox"/> Co-trimoxazole	<input type="checkbox"/> Daptomycin	<input type="checkbox"/> Doripenem
	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Ertapenem	<input type="checkbox"/> Erythromycin
	<input type="checkbox"/> Flucloxacillin	<input type="checkbox"/> Fosfomycin	<input type="checkbox"/> Gentamicin
	<input type="checkbox"/> Imipenem	<input type="checkbox"/> Levofloxacin	<input type="checkbox"/> Linezolid
	<input type="checkbox"/> Meropenem	<input type="checkbox"/> Metronidazole	<input type="checkbox"/> Moxifloxacin
	<input type="checkbox"/> Neomycin	<input type="checkbox"/> Netilmicin	<input type="checkbox"/> Nitrofurantoin
	<input type="checkbox"/> Norfloxacin	<input type="checkbox"/> Ofloxacin	<input type="checkbox"/> Oxacillin
	<input type="checkbox"/> Penicillin V	<input type="checkbox"/> Piperacillin-Tazobactam	<input type="checkbox"/> Polymyxin B
	<input type="checkbox"/> Roxithromycin	<input type="checkbox"/> Teicoplanin	<input type="checkbox"/> Ticarcillin-Clavulanate
	<input type="checkbox"/> Tetracycline	<input type="checkbox"/> Tigecycline	<input type="checkbox"/> Vancomycin
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other, please specify _____	

Completed by: _____

Completion date: _____

Definitions

Infection category	Examples
Central nervous system	Brain abscess, encephalitis, meningitis, myelitis, spinal abscess, ventriculitis
Cardiovascular system	Endocarditis, mediastinitis, myocarditis, pericarditis, vascular (arterial or venous) infection
Eye	Conjunctivitis, dacrocystitis, endophthalmitis, orbital cellulitis
ENT / Upper respiratory tract	Epiglottitis, mastoiditis, otitis media, retropharyngeal abscess, sinusitis, tonsillitis
Lower respiratory tract	Bronchitis, bronchiolitis, lung abscess, tracheitis, tracheobronchitis, without evidence of pneumonia
Pneumonia	Pneumonia
Gastrointestinal	Colitis, dysentery, gastroenteritis
Intra-abdominal	Appendicitis, cholangitis, cholecystitis, liver / spleen abscess, pancreatitis, peritonitis
Necrotising enterocolitis	Neonatal necrotising enterocolitis
Skin / Soft tissue	Abscess, bites, burn, cellulitis, infectious gangrene, lymphadenitis, lymphangitis, necrotising fasciitis, pyomyositis, ulcer
Bone / Joint	Disc space infection, osteomyelitis, septic arthritis / bursitis
Surgical site infection	Post-operative infection (<30 days / <90 days if implant in situ) involving the surgical incision or deeper tissues associated with the procedure
Urinary tract	Cystitis, pyelonephritis
Genital	Obstetric / gynaecologic infections (ovarian abscess, salpingitis / PID, endometritis, episiotomy infection), prostatitis, sexually transmitted infections
Febrile neutropenia	Febrile neutropenic episode (haematology-oncology)
Sepsis	Clinical sepsis (source unclear / WITHOUT obvious focus / not specified)
Other	Defined diagnosis but not included in the list
Unknown	Reason for antibiotic not documented

Paediatric severity definitions:	Age group	Fast heart rate (per minute)	Fast respiratory rate (per minute)
	0 – <3 m	>186	>76
	3 – <6 m	>182	>71
	6 – <9 m	>178	>67
	9 – <12 m	>176	>63
	12 – <18 m	>173	>60
	18 – <24 m	>170	>57
	2 – <3 y	>167	>54
	3 – <4 y	>164	>52
	4 – <6 y	>161	>50
	6 – <8 y	>155	>46
	8 – <12 y	>147	>41
	12 – <15 y	>138	>35
	15 – <18 y	>132	>32
	Altered mental state		VPU on the AVPU score (i.e. not “alert”)
	Prolonged capillary refill time		Capillary refill time ≥3 seconds