



Data Entry

[Case List](#) | [Edit Case Details](#)

Specimen Identification

YES	Episode Identifier:	<input type="text" value="12-337969"/> (Laboratory Number of positive blood culture, for audit purposes)
	Form Number:	<input type="text"/>
	Blood Culture	
	Date of Collection:	<input type="text" value="30.4.2012"/> (dd.mm.yyyy)
Polymicrobial bacteraemia (same blood culture set): <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, species: <input type="text" value="Klebsiella pneumoniae; Staphylococcus epidermidis"/>		
Patient Information		
Date of Birth: <input type="text" value="25.1.2012"/> (dd.mm.yyyy)		
Sex: <input checked="" type="radio"/> Female <input type="radio"/> Male		
Post Code: <input type="text" value="5051"/>		
NO	<input type="radio"/> Asian (East and SE Asian) <input type="radio"/> Middle Eastern / Latin American / African <input type="radio"/> Asian (South Asian) <input type="radio"/> Pacific Islander <input type="radio"/> Australian Aboriginal / TSI <input type="radio"/> Other <input checked="" type="radio"/> European (Caucasian) <input type="radio"/> Undetermined <input type="radio"/> Maori	
	Ethnicity:	
Optional	Date of Admission:	<input type="text" value="25.1.2012"/> (dd.mm.yyyy) <input type="checkbox"/> Not Admitted
	Hospital Where Admitted: (if admitted)	<input type="text" value="Women's and Children's Hospital, SA"/> <input type="checkbox"/> Add new hospital to the list.
	Date of Discharge: (if admitted)	<input type="text" value="27.7.2012"/> (dd.mm.yyyy) - or Date of Death if died at up to 30 days <input type="checkbox"/> >60 Days post admission

NO

Patient Risk Factors

Over **the past 12 months**, indicate whether there has been a history of:
(please try to answer each question for ALL cases; more than one risk factor can be chosen)

Previous Hospitalisation	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Surgery	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Long Term Dialysis	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Unknown
Long Term Care Facility Resident	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Unknown
Patient VRE status: previous VRE infection or colonisation	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Unknown
IVDU	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Unknown

Optional **Source:**

- Unknown
- Urinary tract
- Hepatobiliary
- Other intra-abdominal
- Intravascular line**
- Other device

Other (specify):

Endocarditis:

- Native Valve
- Prosthetic Valve
- Not applicable**

Additional Comments:

Device Related:

- Unknown
- No - Not device related
- Yes - Central intravascular line**
- Yes - Haemodialysis intravascular access device
- Yes - Orthopaedic device (e.g. joint replacement, nail or wire)
- Yes - Peripheral intravascular line
- Yes - Peritoneal dialysis catheter
- Yes - Urinary catheter
- Yes - Other local device (e.g. ventricular assist device)

Optional	<p>Main Underlying Clinical Problem:</p> <p> <input type="radio"/> Structural urinary tract disease <input type="radio"/> Other solid organ transplant <input type="radio"/> Renal dialysis <input type="radio"/> Haematological Malignancy <input type="radio"/> Structural biliary tract disease <input checked="" type="radio"/> Other <input type="radio"/> Liver transplant <input type="radio"/> None </p> <p>Principal Clinical Manifestation of Enterococcal sepsis:</p> <p>Sepsis</p>
YES	<p>Admitted to Intensive Care Unit:</p> <p> <input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> Patient in ICU at onset </p> <p>Date Admitted to ICU: 25.1.2012 (dd.mm.yyyy)</p>
Optional	<p>Principal Antimicrobial Treatment:</p> <p> <input type="radio"/> Benzylpenicillin <input checked="" type="radio"/> Piperacillin-tazobactam <input type="radio"/> Daptomycin <input type="radio"/> Benzylpenicillin plus gentamicin <input type="radio"/> Vancomycin <input type="radio"/> Quinupristin-dalfopristin <input type="radio"/> Amoxy/Ampicillin <input type="radio"/> Teicoplanin <input type="radio"/> Tigecycline <input type="radio"/> Amoxy/ampicillin plus gentamicin <input type="radio"/> Linezolid <input type="radio"/> Other (specify) </p> <p>If selected Other above, specify main agent (only one entry):</p> <p>Length of treatment (days):</p> <p>Outcome at 7 days after collection of blood culture:</p> <p> <input checked="" type="radio"/> Survived <input type="radio"/> Died </p> <p>Outcome at 30 days after collection of blood culture:</p> <p> <input checked="" type="radio"/> Survived <input type="radio"/> Died <input type="radio"/> Unable to determine </p>

YES

Laboratory Identification

Method:

- API 20S
- ID32 Strep
- Vitek
- Vitek 2**
- Microscan
- Phoenix
- ddl ligase PCR
- Mass Spectrometry
- Biochemical tests by agar replication or other means
- Other

Identification:

- Enterococcus faecium***
- Enterococcus faecalis*
- Enterococcus casseliflavus*
- Enterococcus dispar*
- Enterococcus durans*
- Enterococcus flavescens*
- Enterococcus gallinarum*
- Enterococcus raffinosus*
- Enterococcus avium*
- Enterococcus mundtii*
- Enterococcus hirae*
- Other (specify):

Laboratory Susceptibility Results

	Method	Result
Ampi(amoxy)cillin	Disc Diffusion (CLSI)	S
HL Gentamicin	Vitek 2	S
HL Streptomycin	Other	-- Choose --
Vancomycin	bioMerieux Vitek 1 (CLSI)	S
Vancomycin MIC	bioMerieux Vitek 2 (EUCAST)	<input type="radio"/> = <input type="radio"/> > <input type="radio"/> < -- Choose -- - MIC (mg/L)
Linezolid	bioMerieux Vitek 2(EUCAST)	-- Choose --
Quinupristin/dalfopristin	Etest (CLSI)	-- Choose --

Optional Lab PCR Results:

- VanA:** Detected Not Detected **PCR not performed**
- VanB:** Detected Not Detected **PCR not performed**

Other van gene detected: