



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

DATA COLLECTION FOR HAI (PPS)

A. Patient identification

Hospital Reg. No..... Age Male Female
Date of admission

Clinical diagnosis (Primary):

Underlying co-morbidities: Diabetes/Hypertension/Immunosuppressive therapy/CKD/prematurity/malignancy/chemotherapy/ALD

Others (specify)

History of previous admission (within last 1 month): Yes No

If yes, hospital name & reason for admission:

Date of admission:date of discharge:

B. Operative procedure

Main procedure: Operated in which hospital:

Date of operation Duration of operation

Type of surgical wound:

a. Clean wound	<input type="checkbox"/>
b. Clean contaminated wound	<input type="checkbox"/>
c. Contaminated wound	<input type="checkbox"/>
d. Dirty wound	<input type="checkbox"/>

C. Other medical interventions

- | | | | |
|---------------------------|--------------------------|------------------------------------|--------------------------|
| • Urinary catheterization | <input type="checkbox"/> | IV cannula insertion | <input type="checkbox"/> |
| • CVC insertion | <input type="checkbox"/> | Fluid drainage(peritoneal/pleural) | <input type="checkbox"/> |
| • Blood transfusion | <input type="checkbox"/> | Prosthesis/Implant inserted | <input type="checkbox"/> |
| • Tracheostomy | <input type="checkbox"/> | NG tube insertion | <input type="checkbox"/> |
| • Endoscopy | <input type="checkbox"/> | Hemodialysis | <input type="checkbox"/> |
| • Bronchoscopy | <input type="checkbox"/> | Other procedures | <input type="checkbox"/> |



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D. Antibiotic treatment

Yes No

If yes, please fill up the following table;

Sl#	Antibiotics	Indication	Route	Duration
1				
2				
3				
4				
5				

E. Healthcare associated infection

HAI Category	Tick Appropriately	Method of diagnosis (tick)		
		Clinical	Laboratory	Radiological
1. Surgical Site Infection				
a. Superficial incisional				
b. Deep incisional				
c. Organ or space				
2. Urinary Tract Infection				
a. CAUTI				
b. Non-CAUTI				
c. ABUTI				
3. Pneumonia				
a. Healthcare associated pneumonia				
b. Ventilator associated pneumonia (VAP)				
4. Blood Stream Infection (BSI)				
a. Lab. confirmed Blood stream infection (not line related)				
b. CABS I				
c. Clinical sepsis				
5. Others (specify)				



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F. Microbiological data

Specimen	Date of collection	Date of report	Organism isolated	ABST pattern

Data collected by: Name: Signature: