In the following scenarios, use the Infection Window Period, Date of Event, and BSI Secondary Attribution Period to determine what type of HAI criteria are met.

Scenario #1

10/21 63 year old female admitted to med/surg
10/22 temp 100.5
10/23 temp 101.1
10/24 temp 100.8
10/25 foley and central line inserted; temp 100.6
10/26 Urine culture E.coli >100,000; temp 100.5
10/27 Blood culture E.coli
11/5 dysuria
11/6 temp 100.4; Blood culture E.coli
11/8 Urine culture E.coli >100,000; temp 100.7; foley removed
11/9 temp 100.9

Does the patient have a CAUTI? Yes
Does the patient have a CLABSI? No
What would be reported to NHSN? 10/23 SUTI 1b with a secondary BSI (not NHSN reportable); 11/8 CAUTI (SUTI 1a) with a secondary BSI
IWP? SUTI 1b 10/23-10/29; CAUTI 11/5-11/11
DOE? SUTI 1b 10/23; CAUTI 11/8
RIT? SUTI 1b 10/23-11/5; CAUTI 11/8-11/21
SBAP? SUTI 1b 10/23-11/5; CAUTI 11/5-11/21

Admit date: 10/21/2017

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
3. - 10/23/2017		☑ temp 101.1	- HAI		
4. - 10/24/2017		☑ temp 100.8	-		
5. - 10/25/2017		☑ temp 100.6 (foley inserted)	-		
6. - 10/26/2017	✔	☑ Urine cx: E.coli >100k	-		
7. - 10/27/2017		☐	-		Blood cx: E.coli
8. - 10/28/2017		☐	-		
9. - 10/29/2017		☐	-		
10. - 10/30/2017			-		
11. - 10/31/2017			-		
12. - 11/1/2017			-		
13. - 11/2/2017			-		
14. - 11/3/2017			-		
15. - 11/4/2017			-		
16. - 11/5/2017			-		

Admit date: 10/21/2017

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
16. - 11/5/2017		☐	-		
17. - 11/6/2017		☐	-		Blood cx: E.coli
18. - 11/7/2017		☐	-		
19. - 11/8/2017	✔	☑ Urine cx: E.coli >100k; temp 100.7	- HAI		
20. - 11/9/2017		☑ temp 100.9	-		
21. - 11/10/2017		☐	-		
22. - 11/11/2017		☐	-		
23. - 11/12/2017			-		
24. - 11/13/2017			-		
25. - 11/14/2017			-		
26. - 11/15/2017			-		
27. - 11/16/2017			-		
28. - 11/17/2017			-		
29. - 11/18/2017			-		
30. - 11/19/2017			-		
31. - 11/20/2017			-		
32. - 11/21/2017			-		

Scenario #2

11/2 42 year old male admitted to ICU; Central line inserted
11/3 TTE: vegetation of mitral valve; Chest x-ray: infiltrates; patient placed on a vent
11/4 Blood culture Enterococcus faecium; Chest x-ray: worsening infiltrates
11/5 Blood culture Enterococcus faecium; WBC 12.5 K/uL
11/6 Patient expired

Does the patient have a CLABSI? Yes
What would be reported to NHSN? 11/4 CLABSI (LCBI 1) with E.faecium
IWP? 11/1-11/7
DOE? 11/4
RIT? 11/4-11/17
SBAP? N/A

Admit date: 11/2/2017

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)
11/1/2017		☐	-	
1. - 11/2/2017 - Admit Date		☐	-	
2. - 11/3/2017		☐	-	
3. - 11/4/2017	✔	☑ Blood cx: E.faecium	- HAI	
4. - 11/5/2017		☑ Blood cx: E.faecium	-	
5. - 11/6/2017		☐	-	
6. - 11/7/2017		☐	-	
7. - 11/8/2017			-	
8. - 11/9/2017			-	
9. - 11/10/2017			-	
10. - 11/11/2017			-	
11. - 11/12/2017			-	
12. - 11/13/2017			-	
13. - 11/14/2017			-	
14. - 11/15/2017			-	
15. - 11/16/2017			-	
16. - 11/17/2017			-	

Excluded organisms that cannot be used to meet the PNEU/VAP definition are as follows:
1. “Normal respiratory flora,” “normal oral flora,” “mixed respiratory flora,” “mixed oral flora,” “altered oral flora” or other similar results indicating isolation of commensal flora of the oral cavity or upper respiratory tract
2. The following organisms unless identified from lung tissue or pleural fluid specimens:
    i. Candida species* or yeast not otherwise specified
    ii. coagulase-negative Staphylococcus species
    iii. Enterococcus species

Note: Candida species* or yeast not otherwise specified, coagulase-negative Staphylococcus species, and Enterococcus species identified from blood cannot be deemed secondary to a PNU2 or PNU3, unless the organism was also identified from a pleural fluid or lung tissue specimen

*Candida species identified from sputum, tracheal aspirate, endotracheal aspirate, broncho-alveolar lavage (BAL) specimens or protected specimen brushing combined with a matching organism identified from a blood specimen can be used to satisfy the PNU3 definition.