CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI)

(NHSN CLABSI protocol http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf)

CLABSI Notes	
1.	A positive blood specimen meeting LCBI criteria, that is accompanied by **documentation** of observed or suspected patient accession into vascular access lines, within the BSI infection window period, will be considered an LCBI, but not CLABSI for NHSN reporting purposes. A BSI RIT will be created. If reporting the BSI to NHSN, answer "No" to the event field "Central line?" If a facility is reporting CLABSIs electronically to NHSN via Clinical Document Architecture (CDA), no CLABSI should be reported for this event, since this BSI is not considered associated to the central line. If blood cultures collected after the BSI RIT are again positive, they must be investigated as a part of any BSI surveillance. Documentation of observed or suspected patient accession into vascular access lines, within the BSI infection window period, will again be necessary in order to determine that the LCBI is not central line-associated.
2.	In LCBI criterion 1, the term "recognized pathogen" includes any organism not included on the common commensal list (see criteria 2 and 3 for a list of common commensals). Exceptions: a. *Salmonella* spp. are excluded as pathogens for LCBI. These organisms may be secondary BSIs but will not be reported as the sole pathogen in a primaryBSI. Organisms belonging to the following genera cannot be used to meet any NHSN definition: *Blastomyces, Histoplasma, Coccidioides, Paracoccidioides,* b. *Cryptococcus* and *Pneumocystis*. These organisms are typically causes of community-associated infections and are rarely known to cause healthcare-associated infections, and therefore are excluded.
3.	LCBI criteria 1 and 2 and MCI-LCBI criteria 1 and 2 may be used for patients of any age, including those patients ≤ 1 year of age.
4.	In LCBI criteria 2 and 3, if the pathogen or common commensal is identified to the species level from one blood culture, and a companion blood culture is identified with only a descriptive name, which is complementary to the companion culture (e.g., to the genus level), then it is assumed that the organisms are the same. The organism identified to the species level should be reported as the infecting organism along with its antibiogram if available. Only genus and species identification should be utilized to determine the sameness of organisms (i.e., matching organisms). No additional comparative methods should be used (e.g., morphology or antibiograms) because laboratory testing capabilities and protocols may vary between facilities. This will reduce reporting variability, solely due to laboratory practice, between facilities reporting LCBIs meeting criterion 2. Report the organism to the genus/species level only once, and if antibiogram data are available, report the results from the most resistant panel.
5.	In LCBI criteria 2 and 3, the phrase "two or more blood cultures drawn on separate occasions" means 1) that blood from at least two separate blood draws were collected on the same or consecutive calendar days and 2) were collected in a manner which suggests that 2 separate blood draw site preparations were performed. This will reduce misidentification of contaminated blood cultures as LCBI. For example, blood cultures drawn from different sites (e.g., different venipunctures, a combination of venipuncture and lumen withdrawal, or different lumens of the same central line) or at different times, should undergo separate decontaminations and are therefore considered drawn on "separate occasions".
6.	For pediatric patients, due to volume constraints, a blood culture may consist of a single bottle. Therefore, to meet this part of the criterion, each bottle from two, single bottle blood draws would have to be culture-positive for the same commensal.
7.	Specimen Collection Considerations: Although blood cultures drawn through central lines can have a higher rate of contamination than blood specimens collected through peripheral venipuncture, all positive blood specimens, regardless of the sites from which they were collected, must be included when conducting in-plan CLABSI surveillance.
8.	In MBI-LCBI 1, 2, and 3, "No other organisms" means there is no identification of a non-MBI-LCBI pathogen (e.g., *S. aureus*) or 2 matching common commensals (e.g., coagulase-negative staphylococci) collected from blood on separate occasions that would otherwise meet LCBI criteria. If this occurs, the infection should not be classified as MBI-LCBI.

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CLABSI Reporting Instructions	
1.	Report organisms identified from blood as BSI–LCBI when no other site of infection is evident (see Appendix 1. Secondary Bloodstream Infection (BSI) Guide). Note: VASC infections with positive blood specimens should be reported as BSI-LCBI (see reporting instruction 5 below for exception).
2.	When another blood specimen is collected during the RIT of an identified MBI-LCBI, which is positive for an organism excluded from MBI-LCBI criteria, the MBI-LCBI event is edited to become an LCBI and the organism is added.
3.	Catheter tip cultures are not used to determine whether a patient has a primary BSI.
4.	Purulent phlebitis confirmed with a positive semi-quantitative culture of a catheter tip, but with either negative or no blood culture is considered a CVS-VASC, not a LCBI, SST-SKIN or SST-ST infection.
5.	Occasionally a patient with both a central line and another vascular access device develops a primary bloodstream infection (LCBI) that can clearly be attributed to the other vascular access site. If both pus at the insertion site and a culture of that pus, collected during the LCBI infection window period, has at least one matching organism to the blood specimen, the LCBI will not be considered associated with the central line. In this situation, enter “No” for the field “Central Line?” in the NHSN application. You should however, include the patient’s central line days in the summary denominator count. Vascular access devices included in this exception are limited to Peripheral IV, AV fistula, AV graft, and non-accessed central line (not accessed nor inserted during the hospitalization).