**FORMULAIRE**

**Bactériémies nosocomiales -Surveillance- CRF 202\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1 seule paire positive** à un germe de la flore commensale **(voir liste annexée)**, **=** **contamination** => ne pas remplir de questionnaire **SAUF** avis médical. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Données démographiques** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID questionnaire |  | | | | | | | | ID SURV *Unité HPCi* | | | | | | | | | | |  | | | | | | | | | | |
| Nom établissement /site |  | | | | | | | | | | | | | | Code de l’établissement | | | | | | |  | | | | | | |  | |
| Date de naissance (aaaa) | | | | | | | \_ \_ \_ \_ | | | | | | | | Sexe | | homme | | | | | femme | | | | | | |  | |
| Date d’admission dans l’établissement (jj/mm/aaaa) | | | | | | | | | | | | | | | \_ \_ /\_ \_ /\_ \_ \_ \_ | | | | | | |  | | | | | | | | |
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| **Provenance du patient** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Provenance du patient | | | domicile | | | | | | | autre hôpital : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | EMS | | | | |  |
| Service de prélèvement | | | médecine | | | | | | | chirurgie | | | | | | | | soins intensifs | | | | | | |  | | | | | |
| gynéco/obst. | | | | | | | orthopédie | | | | | | | | soins continus | | | | | | |  | | | | | |
| néonatologie | | | | | | | pédiatrie | | | | | | | | cardiologie/chir. | | | | | | |  | | | | | |
| gériatrie | | | | | | | CTR | | | | | | | | urgences | | | | | | |  | | | | | |
| autre (préciser) : | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Caractéristiques de la bactériémie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date du 1er prélèvement positif (jj/mm/aaaa) | | | | | | | | | | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | | | | | | |  | | | | | | |
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| Nombre d’hémocultures **positives** (paires) / nombre de **paires** prélevées | | | | | | | | | | | | | | | | | | | | | / | | | | | | |  | | |
| Code du micro-organisme 1 | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Code du micro-organisme 2 | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Code du micro-organisme 3 | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Micro-organisme particulier | | | | | autre BMR | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Épisode nosocomial  **Attribuable à l’établissement** | | | | | | | | | | | | | | | Épisode nosocomial  **Attribuable à autre hôpital** | | | | | | | | | | | | | | | |
| **Commentaires :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Origine de la bactériémie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Origine de la bactériémie**  *Plusieurs choix possibles en cas d’origine multiple* | site opératoire  cathéter  respiratoire  urinaire | | | | | | | | ostéo-articulaire  cardiovasculaire  ORL  génital  mucite (immun supprimes) | | | | | | | | | | | peau / tissus mous  digestif/abdominal  nerveux central  autre (préciser) :  ……………………..  inconnu | | | | | | | | | | |
| **Type cathéter** | périphérique | | | | | | | central | | | | | | | Picc - line | | | | PAC | | | | Inconnu | | | | | | | |
| **Site cathéter central** | jugulaire | | | | | | | sous-clavier | | | | | | | fémoral | | | | autre : ….. | | | | | | | inconnu | | | | |
| **Date pose cathéter central** | \_ \_ /\_ \_ /\_ \_ \_ \_  Inconnue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si bactériémie sur cathéter**, le cathéter a-t-il été cultivé? | oui | | | | | | | | | | | **Si oui,** spécifier micro-organisme + joindre le labo | | | | | | | | | | | | | | | | | | |
| non | | | | | | | | | | | inconnu | | | | | | | | | | | | | | | | | | |
| Commentaires : *----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Caractéristiques du patient (voir liste des diagnostics)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic principal **à l’admission** | | | | | |  | | | | | | | | | | | | | | | | Code | | | | |  | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | Code | | | | |  | | | |
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|  | | | | | | | | | | | | | | | | Code | | | | |  | | | |
| ***Opération chirurgicale dans les 30 jours précédant la bactériémie nosocomiale*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opération(s) chirurgicale(s) | | | | oui | | | | | | | | non | | | | inconnu | | | | | | | | | | | | | | |
| Si oui, type d’intervention | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| **Intervention 1** Date de l’op \_ \_ /\_ \_ / \_ \_ \_ \_  ---- /-----/--------- \_ \_ \_ \_ | | | | | | | | | | | | **Intervention 2** Date de l’op  ---- /-----/--------- \_ \_ \_ \_ | | | | | | | | | | | | | | | | | | |
| Code de l’op 1 Cco Code de l’op 2 | | | | | | | | | | | | Code de l’op 1 code de l’op 2 | | | | | | | | | | | | | | | | | | |
| **Intervention 3** Date de l’op  ---- /-----/--------- \_ \_ \_ \_ | | | | | | | | | | | | **Intervention 4** Date de l’op  ---- /-----/--------- \_ \_ \_ \_ | | | | | | | | | | | | | | | | | | |
| Code de l’op 1 Code de l’op 2 | | | | | | | | | | | | Code l’op 1 Code de l’op 2 | | | | | | | | | | | | | | | | | | |
| ***Dispositifs médicaux et facteurs de risque présents au moment de la bactériémie nosocomiale ou dans les 48 heures précédant la bactériémie nosocomiale*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cathéter veineux périphérique | | | | | | | | | | | | oui | | | non | | | inconnu | | | |  | | | | | | | | |
| Cathéter veineux central (PAC y compris) | | | | | | | | | | | | oui | | | non | | | inconnu | | | |  | | | | | | | | |
| Sonde vésicale | | | | | | | | | | | | oui | | | non | | | inconnu | | | |  | | | | | | | | |
| ***Date de sortie*** (jj/mm/aaaa)***:*** \_ \_/ \_ \_ / \_ \_ \_ \_ ***Décès***  oui  non | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |