

Alabama Healthcare-Associated Infections Reporting and Prevention Program

Module 3: CLABSI, CAUTI, and SSI NHSN Review Training(June 24, 2010)

Alabama Department of Public Health

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Objectives

At the end of this module the learner will be able to:

1. Identify and define the required National Healthcare Associated Infection Targets to be reported by healthcare facilities in Alabama.
 - A. CLABSI
 - B. CAUTI
 - C. SSI
2. Accurately complete selected healthcare scenarios related to HAIs.
 - A. Identifies HAI correctly based on CDC and NHSN protocol
 - B. Assigns location of attribution correctly
3. Discuss collection of denominator and numerator data employed by NHSN mentors.
 - A. NHSN forms
 - B. Hospital facility specific data collection plan strategies
 - C. Provide examples of data collection tools and plans

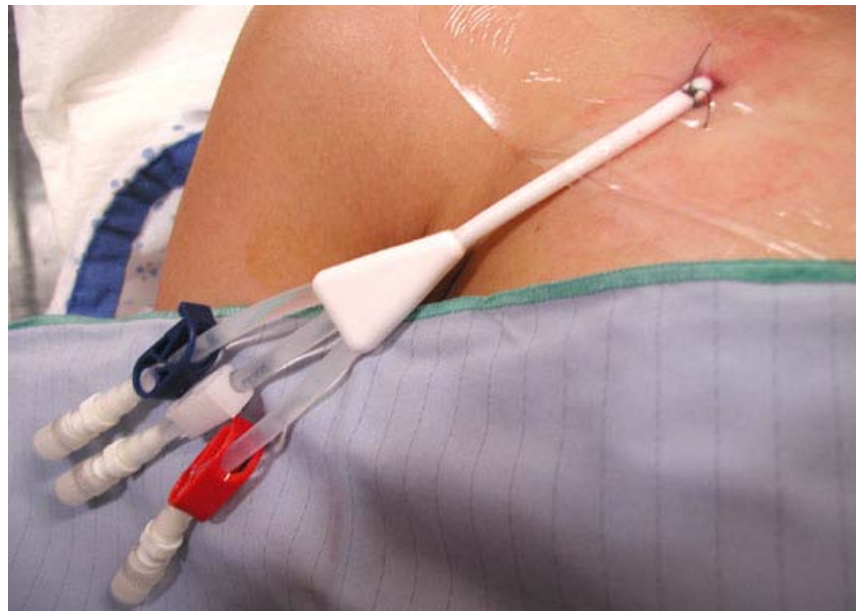
CLABSI DEFINITION

- A Central Line Blood Stream Infection is a primary BSI in a patient that had a Central line within the 48 hour period before the development of the BSI.



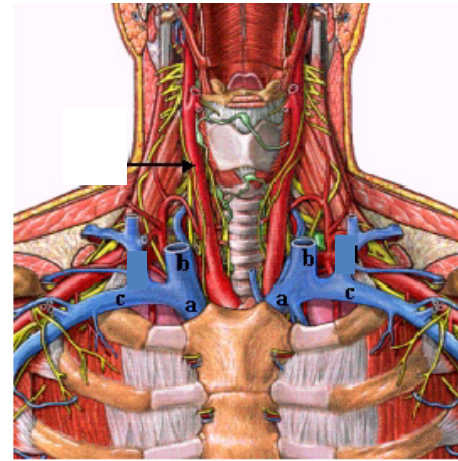
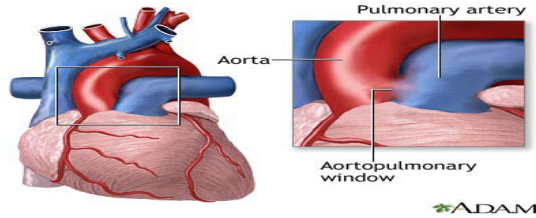
What is a Central Line?

- An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring.

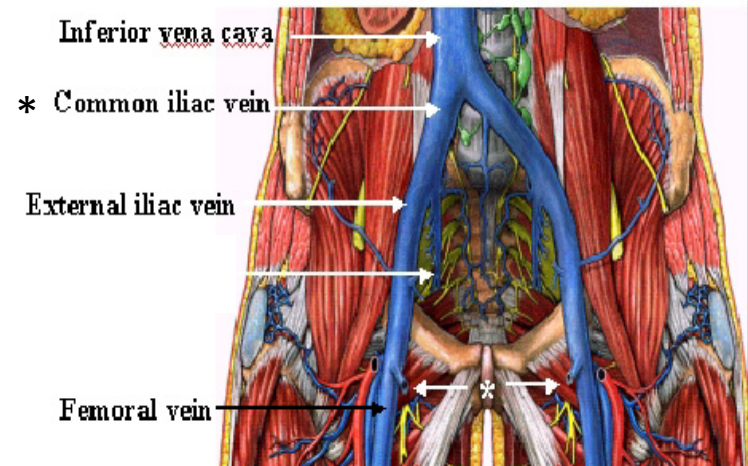


THE GREAT VESSELS AS NOTED BY NHSN

- Aorta
- Superior Vena Cava
- Pulmonary Artery
- Brachiocephalic Veins
- Internal Jugular Veins
- Subclavian Veins
- Inferior Vena Cava
- External Iliac Veins
- Common Femoral Veins



- a - brachiocephalic vein
- b - internal jugular vein
- c - subclavian vein



NHSN Location Types Where CLABSI Events Can Be Monitored

1. Intensive Care Unit (ICU)
2. Specialty Care Area (SCA)
 - a) Hematology/Oncology Unit
 - b) Bone Marrow/Stem Cell Transplant Unit
 - c) Solid Organ Transplant Unit
 - d) Acute Inpatient Dialysis Unit
 - e) Long Term Acute Care
 - f) Neonatal Intensive Care Unit
 - g) Any other inpatient care location in which central line days and patient days can be collected (surgical ward)

Alabama Location Types Where CLABSI Events Will Be Monitored

Central Line-Associated Bloodstream Infections (CLABSI) from the following critical care units within a healthcare facility:

1. Medical Critical Care Units
2. Surgical Critical Care Units
3. Medical/Surgical Critical Care Units
4. Pediatric Critical Care Units

“Critical Care Unit” means a care area that provides intensive observation, diagnosis, and therapeutic procedures for adults or children or both who are critically ill. Care areas that provide step-down, intermediate care, or telemetry only, and specialty care areas are excluded.

Steps to Determining if a Patient has a CLABSI

- 1a. Did the patient have a central line or umbilical catheter at the time of or within 48 hours before the onset of the event?

- 1b. Does the patient's S/S meet criterion 1, 2, or 3 of the NHSN CLABSI protocol

To Which Location Should the CLABSI be Attributed?

- 2a. **Where** was the patient located on the date the **first clinical evidence** appeared **or** the date the specimen used to meet the BSI criteria was collected, whichever came first? _____
- 2b. Is this location different from the client's present location? **if yes**, proceed to 2c. **if no**, skip to 2e
- 2c. Was the patient transferred with the CL/UC or after the CL/UC was removed, to the present location in the **same facility** within **48 hours**? **If yes**, the transferring unit will be attributed with the CLABSI proceed to 2e **if no**, proceed to 2d
- 2d. Was the patient transferred with the CL/UC or after a CL/UC was removed to the present location from an **external facility** within **48 hours**? **If yes**, the transferring hospital should report the CLABSI; if a healthcare facility in AL, the transferring facility should proceed to 2e if no, STOP**
- 2e. Is the location noted in items 2a, 2c or 2d, a *critical care unit? **If yes**, **this data is required for CLABSI reporting by ADPH** **if no, not required to report for ADPH

KEY Points for CLABSI

- All criterion require that the Signs or Symptoms are not related to an infection in another part of the body;
- Criterion 1 and 2 both require positive culture results (positive for recognized pathogen for criterion 1 versus common skin contaminant as with criterion 2);
- Criterion 2 requires positive culture and symptoms;
 - Blood cultures should be drawn using acceptable techniques.
- Criterion 3 only for patient's < 1 year of age

CENTRAL LINE - ASSOCIATED BLOODSTREAM INFECTION (CLABSI) EVENT

ADPH REPORTING ALGORITHM

1. Does the patient have an infection?

The Patient has a Central Line or Umbilical Catheter in place at the time of, or **within** 48 hours before onset of the event.

____insertion date/time _____date clinical evidence noted of BSI or + specimen collect date event noted (earliest date)

AND the patient meets the criterion for:

Criterion 1

One or more cultures with recognized pathogen(not common skin contaminant) that is not related to infection at another site for patient at any age **OR**

Criterion 2

Fever (> 38 °C, 100.4 °F), **or** chills **or** hypotension; **AND** S/S and positive lab results are not related to another infection at another site for patient at any age;

AND **common skin contaminant** is cultured from two or more cultures drawn **within 2 days** of each other;

AND at least one bottle from each lab draw is reported as the same common skin contaminant

OR

Criterion 3

Fever (> 38 °C, 100.4 °F core), **or** hypothermia(< 36° C, 96 °F core), **or** apnea, **or** bradycardia;

AND S/S and positive lab results are not related to an infection at another site; **AND** the patient is ≤ 1y/o

AND **common skin contaminant** is cultured from two or more blood cultures drawn **within 2 days** of each other; **AND** at least one bottle from each lab draw is reported as the same common skin contaminant

If you checked one of the above criterion items, proceed to step 2

If not, **STOP**; does not meet criteria for CLABSI reporting**

2a. Where was the patient located on the date the **first clinical evidence** appeared **or** the date the specimen used to meet the BSI criteria was collected, whichever came first? _____

2b. Is this location different from the client's present location? **if yes**, proceed to 2c. **if no**, skip to 2e

2c. Was the patient transferred with the CL/UC **or** after the CL/UC was removed, to the present location in the **same facility** within **48 hours**? **if yes**, the transferring unit will be attributed with the CLABSI proceed to 2e **if no**, proceed to 2d

2d. Was the patient transferred with the CL/UC **or** after a CL/UC was removed to the present location from an **external facility** within **48 hours**? **if yes**, the transferring hospital should report the CLABSI; if a healthcare facility in AL, the transferring facility should proceed to 2e **if no**, STOP**

2e. Is the location noted in items 2a, 2c or 2d, a *critical care unit? **If yes, this data is required for CLABSI reporting by ADPH** ****if no not required to report for ADPH**

NHSN CLABSI SCENARIO 1

- A patient has a central line inserted in the Emergency Department and then is admitted to the MICU. Within 24 hours of admission to the MICU, the patient meets criteria for BSI.
- To which location should the CLABSI be attributed?

1-ER or 2- MICU

Answer Scenario 1

- This is reported to NHSN as a CLABSI for the MICU.

Rationale: The Emergency Department is not an inpatient location and since denominator data can not be collected there, the CLABSI is attributed to the MICU in the same facility.

NHSN CLABSI SCENARIO 2

- A patient on the Urology Ward of Hospital A had a central line removed and is discharged home a few hours later. The IP from Hospital B calls the next day to report that this patient has been admitted to SICU of Hospital B with a BSI.
- To which location should the CLABSI be attributed?
 - 1-Hospital A Urology
 - 2-Hospital B SICU

Answer Scenario 2

- This CLABSI should be reported to NHSN for, and by, Hospital A and attributed to the urology ward. No additional catheter days are reported.
- If Hospital A is in Alabama, would this hospital be required to report the CLABSI in NHSN?

Y or N

- Should the CLABSI be “addressed”? Y or N

NHSN CLABSI Scenario 3

- A 31 year old patient involved in a MVA is admitted to SICU. A central line is inserted on 05/11/10 for hemodynamic monitoring. He spikes a fever of 101 on 05/13/10; the Physician orders the central line to be removed and blood cultures are obtained x2. Both cultures are positive for *Bacillus cerus*. *Should this be reported as a CLABSI in NHSN?*

Y or N

Answer Scenario 3

- Yes, both cultures are positive for the same common skin contaminant; and the genus and species level for both were determined to be the same.
- **If**, an antibiogram was performed and the common skin contaminants (*Bacillus cereus*) were different for two or more antimicrobial agents, it would be assumed that the organisms are **not** the same.

CLABSI: Alabama Specific Scenario



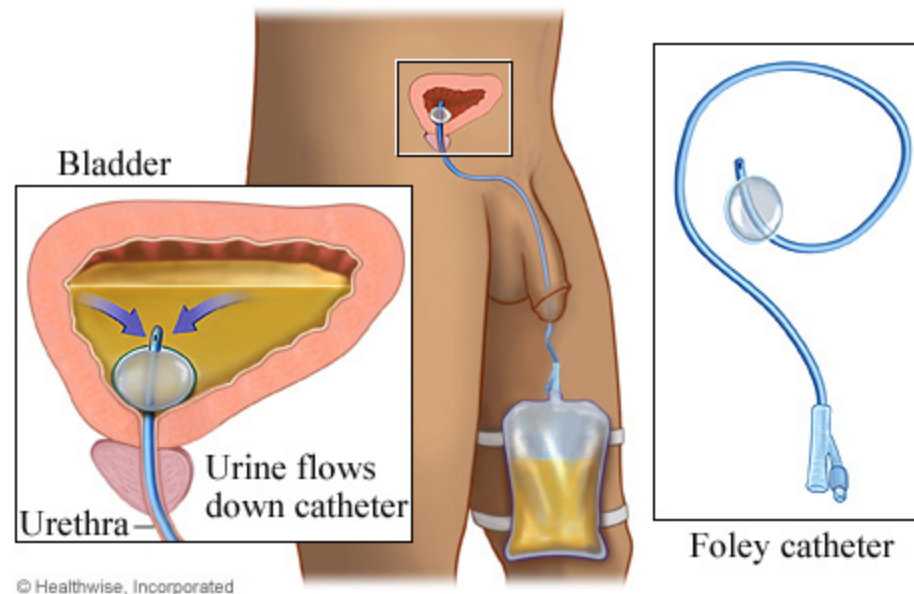
CAUTI DEFINITION

- A catheter-associated urinary tract infection is a UTI that occurs in a patient who had an indwelling urethral urinary catheter in place within the ____ period before the onset of the UTI.



What is a Urethral Urinary Catheter?

- An indwelling catheter is a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system. Also called a Foley catheter.



NHSN Location Types Where CAUTI Events Can Be Monitored

1. Intensive Care Unit (ICU)
2. Specialty Care Area (SCA)
 - a) Hematology/Oncology Unit
 - b) Bone Marrow/Stem Cell Transplant Unit
 - c) Solid Organ Transplant Unit
 - d) Acute Inpatient Dialysis Unit
 - e) Long Term Acute Care
 - f) Neonatal Intensive Care Unit
3. Any other inpatient care location in which catheter days and patient days can be collected (surgical ward)

Alabama Location Types Where CAUTI Events Will Be Monitored

Catheter-Associated Urinary Tract Infections (CAUTI) from the following general care wards within a healthcare facility:

1. General Medical Wards
2. General Surgical Wards
3. General Medical/Surgical Wards

“General Care Ward” means a multidisciplinary care area that provides moderate observation, diagnosis, and therapeutic procedures for adults or children or both who are ill.

Steps to Determining if a Patient has a CAUTI

- 1a. Did the patient have an urinary catheter in place at the time of the specimen collection or was an urinary catheter removed within 48 hours prior to the specimen collection?

- 1b. Does the patient's S/S meet criterion 1a, 2a, or the ABUTI criterion of the NHSN CAUTI protocol

To Which Location Should the CAUTI be Attributed?

- The location where the patient was assigned on the date of the UTI event, which is further defined as the date when the first clinical evidence appeared or the date the specimen used to meet the criterion was collected, whichever came first.

Key Points About CAUTI

- The criteria numbered 1 and 3 have a urinary culture positive for $\geq 10^5$ CFU/ml;
- The criteria numbered 2 and 4 have a urinary culture positive for $\geq 10^3$ and $<10^5$ CFU of organism/ml. Because of this lower colony count, supportive urinalysis is required.
- S/S differ if a catheter is in place versus removed. Ex. A patient will not have difficulty voiding if catheter in place, for example;
- Also, the urine cultures may have no more than 2 microorganisms present;

Key Points About CAUTI

- There are age parameters for each of the criteria: Any age patient can meet criteria 1-2, but only children ≤ 1 year of age can meet criteria 3 or 4;
- Criteria 3 and 4 are for children 1 year of age or less and may or may not be associated with a catheter.
- Fever in person over 65 is not diagnostic for UTI so may still have ABUTI;
- The ADPH Algorithms for CAUTI are age specific; so there are two, one for >1 years of age, and one for ≤ 1 year old;

CAUTI EVENT: ADPH REPORTING ALGORITHM FOR PATIENT'S >1 y/o

1. **Does the patient have an infection?**

The patient has an [] **indwelling urinary catheter** in place at the time of specimen collection or had an **indwelling urinary catheter removed within 48 hours** prior to specimen collection;

And at least one of the following S/S: [] Fever (> 38 °C, 100.4 °F); [] suprapubic tenderness; [] costovetebral pain or tenderness [] frequency* [] dysuria* [] urgency*
*S/S may be seen if catheter removed

And the patient meets the criterion for:

<p>Criteria 1a</p> <p>[] A positive urine culture of $\geq 10^5$ CFU/ml with no more than 2 species of microorganism; OR</p>
<p>Criteria 2a</p> <p>[] A positive urinalysis with a positive dipstick for leukocyte esterase and/or nitrite or pyuria (urine with >10 wbc/mm³ or > 3 WBC/high power field of unspun urine) or microorganisms seen on Gram stain of unspun urine</p> <p>AND [] a positive urine culture of $\geq 10^3$ and $\geq 10^5$ CFU/ml with no more than 2 species of microorganism OR</p>
<p>Asymptomatic Bacteremic Urinary Tract Infection (ABUTI) Criterion > 1y/o</p> <p>[] No S/S of infection as listed above; AND [] a positive urine culture of $\geq 10^5$ CFU/ml with no more than 2 species of uropathogen microorganisms;</p> <p>AND [] a positive blood culture with at least 1 matching uropathogen microorganism to the urine culture</p>

If the criterion for 1a, 2a, or ABUTI as described above is met , **proceed** to step 2

If not, **STOP**; the patient does not meet criteria for CAUTI > 1y/o reporting

<p>2a. Where was the patient located on the date the first clinical evidence appeared or the date the specimen used to meet the UTI criteria was collected, whichever came first? _____</p>
<p>2b. Is this location different from the client's present location? if yes, proceed to 2c. if no, skip to 2e</p>
<p>2c. Was the patient transferred to the present location in the same facility within 48 hours with the Indwelling catheter or after the indwelling catheter was removed? if yes, the CAUTI is attributed to the transferring unit proceed to 2e if no, proceed to 2d</p>
<p>2d. Was the patient transferred with the Indwelling cath or after an Indwelling cath was removed to the present location from an external facility within 48 hours? if yes, the transferring hospital should report the CAUTI; if a healthcare facility in AL the transferring facility should proceed to 3e</p>
<p>2e. Is the location noted in items 2a, 2c or 2d, a *general medical /surgical wards? if yes, this data is required for CAUTI reporting by ADPH * see definitions for locations that must report CAUTI</p>

CAUTI EVENT: ADPH REPORTING ALGORITHM FOR PATIENT'S <1 y/o

1. Does the INFANT have an infection?

The patient has an [] **indwelling urinary catheter** in place at the time of specimen collection or had an **indwelling urinary catheter removed within 48 hours** prior to specimen collection;

And at least one of the following S/S: [] Fever (> 38 °C, 100.4 °F); [] Hypothermia (< 36 ° C, 96.8° F), [] Apnea, [] Bradycardia , [] Dysuria, [] Lethargy, [] vomiting

And the patient meets the criterion for:

<p>Criteria 3</p> <p>[] A positive urine culture of $\geq 10^5$ CFU/ml with no more than 2 species of microorganism; OR</p>
<p>Criteria 4</p> <p>[] A positive urinalysis with a positive dipstick for leukocyte esterase and/or nitrite or pyuria (urine with >10 wbc/mm³ or > 3 WBC/high power field of unspun urine) or microorganisms seen on Gram stain of unspun urine</p> <p>AND [] a positive urine culture of $\geq 10^3$ and $\geq 10^5$ CFU/ml with no more than 2 species of microorganism OR</p>
<p>ABUTI Criterion $\leq 1y/o$</p> <p>[] No S/S of infection as listed above; AND [] a positive urine culture of $\geq 10^5$ CFU/ml with no more than 2 species of uropathogen microorganisms;</p> <p>AND [] a positive blood culture with at least 1 matching uropathogen microorganism to the urine culture</p>

If the criterion for 1a, 2a, or ABUTI as described above is met , **proceed** to step 2

If not, **STOP**; the patient does not meet criteria for CAUTI > 1y/o reporting

<p>2a. Where was the patient located on the date the first clinical evidence appeared or the date the specimen used to meet the UTI criteria was collected, whichever came first?_____</p>
<p>2b. Is this location different from the client's present location? if yes, proceed to 2c. if no, skip to 2e</p>
<p>2c. Was the patient transferred to the present location in the same facility within 48 hours with the Indwelling catheter or after the indwelling catheter was removed? if yes, the CAUTI is attributed to the transferring unit proceed to 2e if no, proceed to 2d</p>
<p>2d. Was the patient transferred with the Indwelling cath or after an Indwelling cath was removed to the present location from an external facility within 48 hours? if yes, the transferring hospital should report the CAUTI; if a healthcare facility in AL the transferring facility should proceed to 3e</p>
<p>2e. Is the location noted in items 2a, 2c or 2d, a *general medical /surgical wards? If yes, this data is required for CAUTI reporting by ADPH * see definitions for locations that must report CAUTI</p>

NHSN CAUTI SCENARIO 1

- Patient has a Foley catheter inserted in the Emergency Department and then is admitted to the MICU. Within 24 hours of admission to the MICU, patient meets criteria for UTI. This is reported to the NHSN as a CAUTI for the MICU, because the Emergency Department is not an inpatient location and no denominator data are collected there.
- *Because it is attributed to MICU, we will not enter this in NHSN based on ADPH requirements!

NHSN CAUTI SCENARIO 2

- A Patient on the urology ward of Hospital A had the Foley catheter removed and is discharged home a few hours later. The IP from Hospital B calls the next day to report that this patient has been admitted to Hospital B with a UTI. This CAUTI should be reported to NHSN for Hospital A and attributed to the urology ward.
- *Where would you look to find out how a urology ward is defined by NHSN?

NHSN CAUTI SCENARIO 3: Transfer Rule

- A patient with a Foley catheter in place in the SICU is transferred to the surgical ward. Thirty six (36) hours later, the patient meets the criteria for UTI. This is reported to NHSN as a CAUTI for the SICU.
- A patient is transferred to the medical ward from the MSICU after having the Foley catheter removed. Within 24 hours, the patient meets criteria for a UTI. This is reported to NHSN as a CAUTI for the MSICU.
- A patient with a Foley catheter in place is transferred from the medical ward to the coronary care ICU (CCU). After 4 days in the CCU, the patient meets the criteria for UTI. This is reported to NHSN as a CAUTI for the CCU.

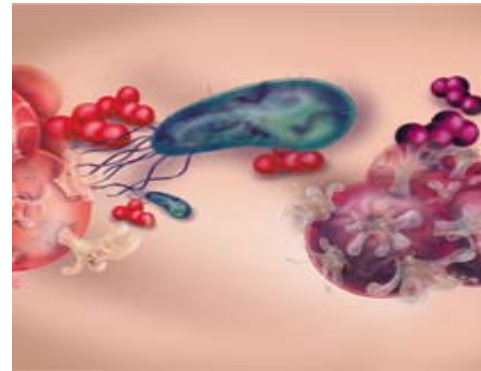
***** In each of the above cases, the CAUTI would not be reported to NHSN based on ADPH reporting requirements.**

CAUTI: Alabama Specific Scenario



SSI DEFINITIONS

- A Surgical Site Infection occurs following an operation as listed in table 1 (pg. 9-2 of protocol).
- The operation may include inpatient or outpatient procedures.
- An operation is defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including **laparoscopic approach**, and closes the incision before the patient leaves the OR.



What is an Operation?

- A Surgical Site Infection occurs following an operation as listed in table 1.
- The operation may include inpatient or outpatient procedures.
- An operation is defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR.



Alabama Surgery Types to be Monitored for SSIs Will Be Monitored

- Colon surgery(COLO)- Incision, resection, or anastomosis of the large intestine; includes large-to small and small-to-large bowel anastomosis; does not include rectal operations

ICD-9 codes: 17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10,46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94

- Abdominal Hysterectomy- Removal of uterus through an abdominal incision

ICD-9 codes: 68.31, 68.39, 68.41, 68.49, 68.61, 68.69

NHSN Location Types Where SSI Events Can Be Monitored

Surveillance will occur with surgical patients in any inpatient/outpatient setting where the selected NHSN operative procedure(s) are performed.

Alabama Location Types Where SSI Events Will Be Monitored

Would you include outpatient
surgeries(COLO/HYST) based on
ADPH's requirements?

Y or N

Steps to Determining if a Patient has a SSI

- 1a. Did the patient have an Infection within 30 days after the surgery if no implant in place or within one year if implant is in place?
- 1b. Does the infection appear to be related to the operative procedure?
- 1c. Does the patient's S/S meet criterion for a **Superficial incisional infection** (primary or secondary) , **Deep incisional infection** (primary or secondary), **Organ/space SSI infection**, or some combination of these?
- 1d. How is the wound classified? Clean, clean contaminated, contaminated, dirty/infected

To Which Location Should the SSI Attributed?

- Do you attribute a SSI to a specific location?

Y or N

- Can you monitor SSIs per Surgeon?

Y or N

Key Points related to SSIs

- Do not include a stitch abscess;
- Do not include a localized stab wound infection as SSI;
- “Cellulitis” alone does not meet criteria for SSI;
- If infection includes both superficial and deep incision sites, classify as deep incisional;
- Circumcision or infected Burn not included as SSI;
- Colonization's (presence of microorganisms on skin, mucous membranes, in open wounds, or in excretions or secretions, but are not causing adverse clinical s/s) **are not** an infection;
- Inflammation that results from tissue response to injury or stimulation of noninfectious agents such as chemicals are not considered an infection.

SSI: Alabama Specific Scenario



Numerator and Denominator Data



Alabama Healthcare-Associated Infections Reporting and Prevention Program

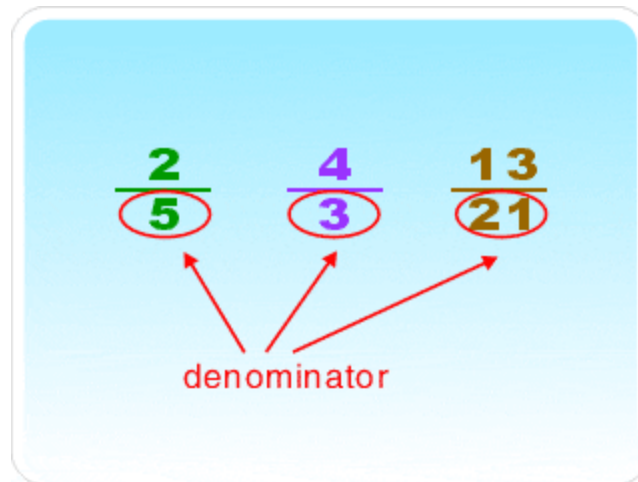
Module 3: Strategies for Collection of Numerators and Denominators

NHSN Mentors



Denominators for CLABSI

- Device days and patient days are used for denominators.
- Device-day denominator data that are collected differ according to the location of the patients being monitored.
- For ICUs and locations other than specialty care areas (SCAs) and NICUs, the number of patients with one or more central lines of any type is collected daily, at the same time each day, during the month and recorded on the *Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or Specialty Care Area (SCA)) (CDC 57.118)*.
- *Only the totals for the month are entered into NHSN.*





Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 09-30-2012

* required for saving

Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
*Totals				
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

Label _____

Data _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.118



CDC 57.118



Denominators for Specialty Care Area (SCA)

OMB No. 0920-0666
Exp. Date: 09-30-2012

* required for saving

Facility ID:	*Location Code:	*Month:		*Year:	
Date	*Number of patients	**Number of patients with 1 or more central lines (if patient has both, count as Temporary)		**Number of patients with a urinary catheter	**Number of patients on a ventilator
		Temporary	Permanent		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
*Totals					
Patient-days		Temporary CL-days	Permanent CL-days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

Label _____

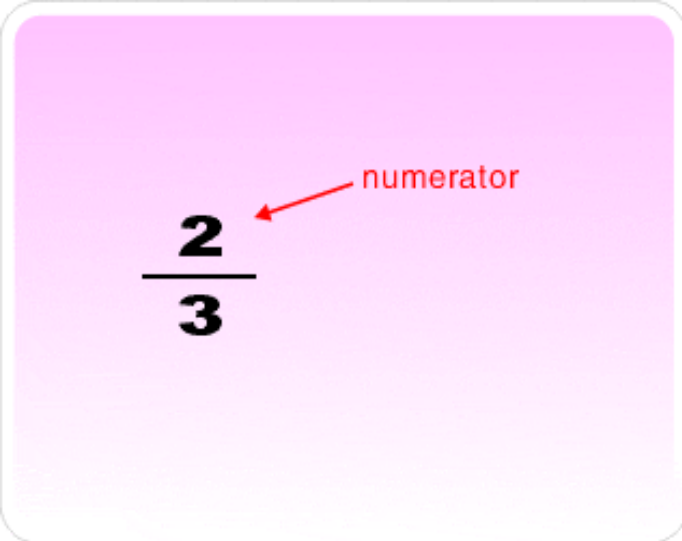
Data _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57.117

 CDC 57.117

Numerators for CLABSI

- **Numerator Data:** The *Primary Bloodstream Infection (BSI) form (CDC 57.108)* is used to collect and report each CLABSI that is identified during the month selected for surveillance.


$$\frac{2}{3}$$

numerator

Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC										
		SIRN										
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC						
		SIRN	SIRN	SIRN	SIRN	SIRN						
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC					
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN					
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC	
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	GENT	IMI	LEVO	MERO	PIPTAZ	TOBRA
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP		
		SIRN	SIRN		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ										
		SIRN										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	Organism 2 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		
_____	Organism 3 (specify) _____	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN		

Drug Codes:

AMK = amikacin
AMP = ampicillin
AMPSUL= ampicillin/sulbactam
CEFEP = cefepime

Result Codes:

S = Susceptible I = Intermediate R = Resistant

CEFOT = cefotaxime
CEFTAZ = ceftazidime
CEFTRX = ceftriaxone
CIPRO = ciprofloxacin
CLIND = clindamycin

R = Resistant

DAPTO=daptomycin
ERYTH=erythromycin
GENT=gentamicin
IMI = imipenem
LEVO = levofloxacin

N = not tested

LNZ = linezolid
MERO = meropenem
OX = oxacillin
PENG = penicillin G
PIP = piperacillin

PIPTAZ = piperacillin/tazobactam
QUIDAL= quinupristin/dalfopristin
RIF = rifampin
TMZ = trimethoprim/sulfamethoxazole
TOBRA = tobramycin
VANC = vancomycin



Primary Bloodstream Infection (BSI)

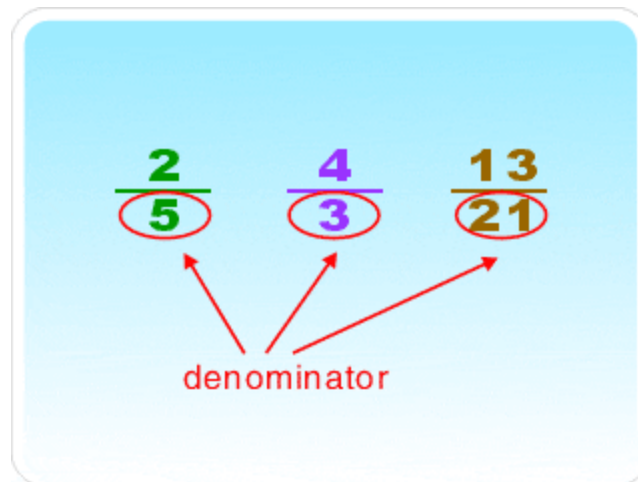
Page 3 of 3

OMB No. 0920-0666
Exp. Date: 09-30-2012

Custom Fields			
Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Comments			

Denominators for CAUTI

- Device days and patient days are used for denominators. Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day, according to the chosen location using the appropriate form (CDC 57.116, March, 2009 7-3 *Device-associated Events CAUTI* 57.117, and 57.118).
- These daily counts are summed and only the total for the month is entered into NHSN.
- Indwelling urinary catheter days and patient days are collected separately for each of the locations monitored.





Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 09-30-2012

* required for saving

Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
*Totals				
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

Label _____

Data _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.118



CDC 57.118



Denominators for Specialty Care Area (SCA)

OMB No. 0920-0666
Exp. Date: 09-30-2012

* required for saving

Facility ID:		*Location Code:		*Month:	*Year:
Date	*Number of patients	**Number of patients with 1 or more central lines (if patient has both, count as Temporary)		**Number of patients with a urinary catheter	**Number of patients on a ventilator
		Temporary	Permanent		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
*Totals					
Patient-days		Temporary CL-days	Permanent CL-days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

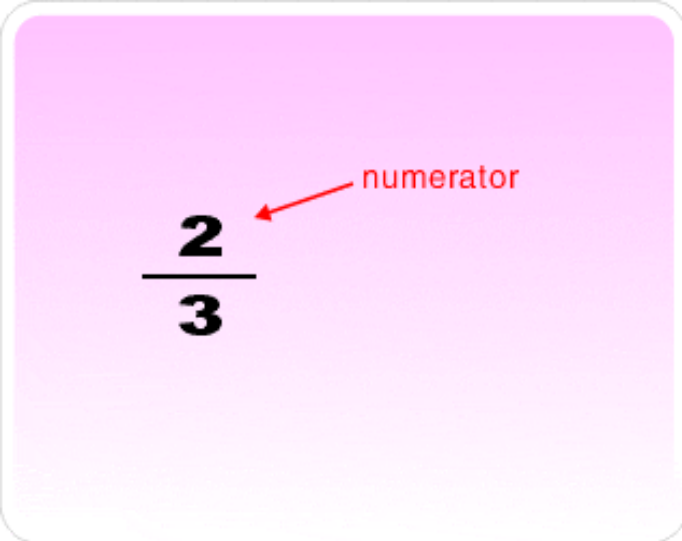
Label _____

Data _____

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57.117

Numerators for CAUTI

- **Numerator Data:** The *Urinary Tract Infection (UTI) Form (CDC 57.114)* is used to collect and report each CAUTI that is identified during the month selected for surveillance.


$$\frac{2}{3}$$

numerator



Urinary Tract Infection (UTI)

* required for saving	**required for completion	Event #:
Facility ID:		Social Security #:
*Patient ID:		
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: F M		*Date of Birth:
Ethnicity (specify):		Race (specify):
*Event Type: UTI		*Date of Event:
Post-procedure UTI: Yes No		Date of Procedure:
NHSN Procedure Code:		ICD-9-CM Procedure Code:
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module <input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDAD Module		
*Date Admitted to Facility:		*Location:
Risk Factors		
*Urinary Catheter status at time of specimen collection:		
<input type="checkbox"/> In place <input type="checkbox"/> Removed within 48 hours prior <input type="checkbox"/> Not in place nor within 48 hours prior		
Location of Device Insertion: _____		Date of Device Insertion: ___/___/_____
Event Details		
*Specific Event: <input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI) <input type="checkbox"/> Other UTI (OUTI)		
*Specify Criteria Used: (check all that apply)		
<u>Signs & Symptoms</u>		
<u>Any Patient</u>	<u>≤ 1 year old</u>	<u>Laboratory & Diagnostic Testing</u>
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> 1 positive culture with $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Urgency	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Positive dipstick for leukocyte esterase or nitrite
<input type="checkbox"/> Frequency	<input type="checkbox"/> Apnea	<input type="checkbox"/> Pyuria
<input type="checkbox"/> Dysuria	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Microorganisms seen on Gram stain of unspun urine
<input type="checkbox"/> Suprapubic tenderness	<input type="checkbox"/> Dysuria	<input type="checkbox"/> 1 positive culture with $\geq 10^3$ CFU/ml and $< 10^5$ CFU/ml with no more than 2 species of microorganisms
<input type="checkbox"/> Costovertebral angle pain or tenderness	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Positive culture
<input type="checkbox"/> Abscess	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Positive blood culture
<input type="checkbox"/> Pain or tenderness		<input type="checkbox"/> Radiographic evidence of infection
<input type="checkbox"/> Purulent drainage or material		‡per specific site criteria
<input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests‡		
*Secondary Bloodstream Infection: Yes No		
** Died: Yes No	UTI Contributed to Death: Yes No	
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on page 2	
<small>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.114 (Front) Rev. 3, NHSN ver. 4.1</small>		

Urinary Tract Infection (UTI)

Pathogen #	Gram positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N										
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N						
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N					
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ S I R N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 2 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 3 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		

AMP = ampicillin
AMPSUL = ampicillin/sulbactam
CEFEP = cefepime

CEFTAZ = ceftazidime
CEFTRX = ceftriaxone
CIPRO = ciprofloxacin
CLIND = clindamycin

ERYTH = erythromycin
GENT = gentamicin
IMI = imipenem
LEVO = levofloxacin

MERO = meropenem
OX = oxacillin
PENG = penicillin G
PIP = piperacillin

QUIDAL = quinupristin/dalfopristin
RIF = rifampin
TMZ = trimethoprim/sulfamethoxazole
TOBRA = tobramycin
VANC = vancomycin

Result Codes:
S = Susceptible

I = Intermediate

R = Resistant

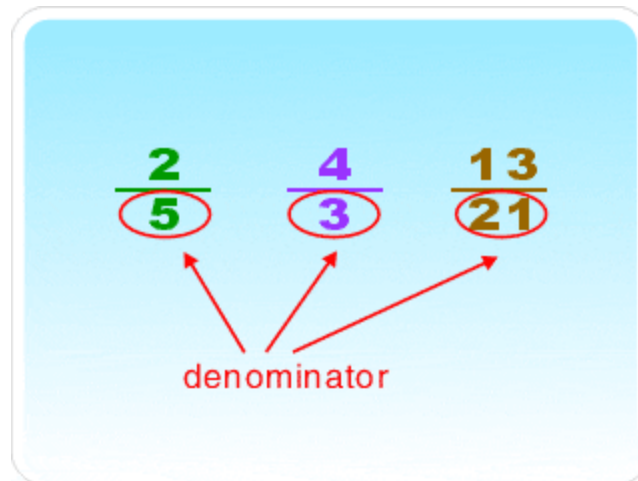
N = not tested

Urinary Tract Infection (UTI)

Custom Fields			
Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Comments			

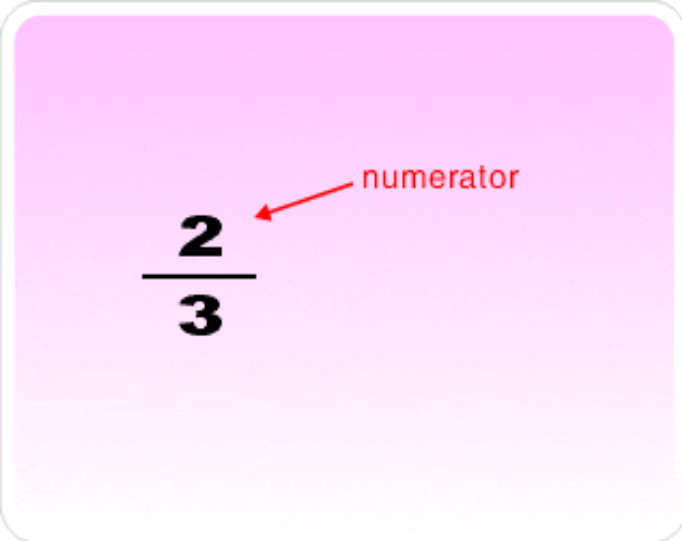
Denominators for SSI

•For all patients having a procedure selected for surveillance during the month(Colon and Abdominal Hysterectomies), complete the *Denominator for Procedure form* (CDC 57.121). The data are collected *individually* for each operative procedure performed during the month specified on the Patient Safety Monthly Surveillance Plan (CDC 57.106).



Numerators for SSI

- **Numerator Data:** The *Surgical Site Infection (SSI) Form (CDC 57.120)* is used to collect and report each SSI that is identified during the month selected for surveillance.


$$\frac{2}{3}$$

numerator

Surgical Site Infection (SSI)

Pathogen #	Gram positive Organisms											
_____	Coagulase-negative staphylococci (specify): _____	VANC S I R N										
_____	<i>Enterococcus faecalis</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	VANC S I R N						
_____	<i>Enterococcus faecium</i>	AMP S I R N	DAPTO S I R N	LNZ S I R N	PENG S I R N	QUIDAL S I R N	VANC S I R N					
_____	<i>Staphylococcus aureus</i>	CLIND S I R N	DAPTO S I R N	ERYTH S I R N	GENT S I R N	LNZ S I R N	OX S I R N	QUIDAL S I R N	RIF S I R N	TMZ S I R N	VANC S I R N	
Pathogen #	Gram negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK S I R N	AMPSUL S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO S I R N	GENT S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIPTAZ S I R N	TOBRA S I R N
_____	<i>Escherichia coli</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Enterobacter</i> spp. (specify) _____	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella oxytoca</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Klebsiella pneumoniae</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Serratia marcescens</i>	AMK S I R N	CEFEP S I R N	CEFOT S I R N	CEFTAZ S I R N	CEFTRX S I R N	CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N		
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	CEFEP S I R N	CEFTAZ S I R N		CIPRO S I R N	IMI S I R N	LEVO S I R N	MERO S I R N	PIP S I R N		
_____	<i>Stenotrophomonas maltophilia</i>	TMZ S I R N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 2 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		
_____	Organism 3 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N		

AMP = ampicillin
AMPSUL = ampicillin/sulbactam
CEFEP = cefepime

CEFTAZ = ceftazidime
CEFTRX = ceftriaxone
CIPRO = ciprofloxacin
CLIND = clindamycin

ERYTH = erythromycin
GENT = gentamicin
IMI = imipenem
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MERO = meropenem
OX = oxacillin
PENG = penicillin G
PIP = piperacillin

QUIDAL = quinupristin/dalfopristin
RIF = rifampin
TMZ = trimethoprim/sulfamethoxazole
TOBRA = tobramycin
VANC = vancomycin

Result Codes:
S = Susceptible

I = Intermediate

R = Resistant

N = not tested

Surgical Site Infection (SSI)

Custom Fields																													
<p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">/ /</td> </tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>		/ /													<p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">/ /</td> </tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>		/ /												
	/ /																												
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Comments																													