



Only for NPEU office use

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Form 3: Late-Onset Invasive Infection

To report each episode of **microbiologically-confirmed** or **clinically-suspected** late-onset invasive infection

Infant's surname: _____

Infant's first name: *(enter unknown if applicable)* _____

Infant's date of birth: / /

Name of hospital: _____

Section A: Diagnosis of episode

A.1 Was this episode microbiologically confirmed?

Yes No

(must be transcribed from paper or electronic lab report)

If **Yes**, provide details of sample showing positive culture (n.b. blood or CSF culture only):

Site (blood or CSF)	Name of organism	Date of sample
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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A.2 Please specify any other reasons for antibiotic/antifungal treatment

(tick all boxes that apply)

Increase in oxygen requirement or ventilatory support

Increase in frequency of episodes of bradycardia or apnoea

Temperature instability

Ileus or enteral feeds intolerance and/or abdominal distention

Reduced urine output to <1 ml/kg/hour

Impaired peripheral perfusion (capillary refill time >3 seconds, skin mottling or core-peripheral temperature gap >2°C)

Hypotension (clinician defined as needing volume or inotrope support)

Irritability, lethargy or hypotonia (clinician-defined)

Increase in serum C-reactive protein levels to >15 mg/l or procalcitonin ≥2 ng/ml;

White blood cells count <4 or >20 × 10⁹ cells/l or platelet count <100 × 10⁹/l

Glucose intolerance (blood glucose <2.2 mmol/l or >10 mmol/l)

Metabolic acidosis (base excess <-10 mmol/l or lactate >2 mmol/l)

Section B: Treatment of episode

B.1 Antibiotic Usage

Was this infant treated with antibiotics for this episode?

Yes No

If Yes, how many days was this infant treated with antibiotics for this episode?
(please state the intended number of days if this infant died during treatment)

Date antibiotics started:

/ /

Date antibiotics stopped:

/ /

If available, please provide a copy of the microbiology report

B.2 Antifungal Usage

Was this infant treated with antifungals for this episode?

Yes No

If Yes, how many days was this infant treated with antifungals for this episode?
(please state the intended number of days if this infant died during treatment;
do not include prophylactic doses)

Date antifungals started:

/ /

Date antifungals stopped:

/ /

Definitions: Microbiologically-confirmed Late-onset Invasive Infection

Microbiological culture from blood or CSF sampled aseptically more than 72 hours after birth of any of the following
- potentially pathogenic bacteria (including coagulase-negative Staphylococci species but excluding probable skin contaminants such as diphtheroids, micrococci, propionibacteria or a mixed flora)
- fungi

AND

Treatment for 5 or more days with intravenous antibiotics after the above investigation was undertaken. If the infant died, was discharged, or was transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention was to treat for 5 or more days.

There is no need to report urinary tract infection unless there is also a positive blood culture.

Definitions: Clinically-suspected Late-onset Invasive Infection

Either - Absence of positive microbiological culture, OR - culture of a mixed microbial flora or of likely skin contaminants (diphtheroids, micrococci, propionibacteria) only.

AND

Clinician intent to administer antibiotic treatment or intravenous antifungals for 5 or more days (excluding antimicrobial prophylaxis) for an infant who demonstrates 3 or more of the signs listed in A.2 or laboratory features of invasive infection:

Section C: PI Assessment

Refer to definitions of microbiologically confirmed and clinically suspected late onset invasive infection

C.1 I consider this episode to be: Microbiologically confirmed Clinically suspected

Principal Investigator Signature: _____ Date: / /

Section D: Form details

Details of person completing form

Name: _____ Role: _____

Date: / / Signature: _____

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Health Research

