

Reference Acknowledgement: 2024 NHSN Annual Training

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Part 1

On 2/27/24, a 32-year-old patient is seen in the ED with fever (100.6° F) and abdominal tenderness. There is an implanted port in place at the time of admission.

Past medical history: Intravenous drug use (IVDU), diabetes, and kidney stones. On 2/28, the patient is admitted to the medical floor (Unit 5B) and the port is flushed. Two days later, on 3/1, the patient complains of 10 out of 10 pain at the port site and the insertion site is red. Blood cultures collected on 3/2 are positive for *Staphylococcus capitis* x 1, *Staphylococcus species*, and *Streptococcus oralis* X 1.

Question 1

Are the *Staphylococcus species* and *Staphylococcus capitis* considered matching organisms?

- A. Yes
- B. No
- C. More information is needed

Question 2

Is there a laboratory confirmed blood stream infection (LCBI) criterion met?

- A. LCBI 2
- B. MBI-LCBI 1
- C. LCBI 1
- D. No criterion is met.

Question 3

What is the LCBI date of event (DOE)?

- A. 2/27
- B. 2/28
- C. 3/1
- D. 3/2

Question 4

Is this a present on admission (POA) or healthcare associated infection (HAI) event?

- A. POA
- B. HAI

Part 2

On 3/2 the port is de-accessed after blood specimen collection and the port is removed. A peripherally inserted central catheter (PICC) is placed in the right arm on 3/4. The patient spikes a fever (100.5°F) on 3/5 and has an increased white blood cell (WBC) count. Another blood specimen is collected on 3/5 with positive results for *Escherichia coli* x2 on 3/6. Per physician orders, antimicrobials are administered on 3/6 and over the next few days the patient's health improves.

Question 1

Is laboratory confirmed bloodstream infection (LCBI) criterion met?

- A. LCBI 2
- B. MBI-LCBI 1 1
- C. LCBI 1
- D. No criterion is met

Question 2

Is the BSI event a central line-associated bloodstream infection (CLABSI)?

- A. Yes
- B. No

Question 3

Does the 3/6 blood culture create a new BSI event?

- A. Yes
- B. No

Part 3

On 3/9, the patient is told to prepare for discharge and arrange transportation. While the nurse is preparing the discharge instructions, the patient's friends arrive to the room to wait until the patient is discharged. When the nurse returns to the room to review the patient's medications, he notices the patient is having difficulty staying awake and answering questions. During his examination of the patient, he finds a syringe w/ a white substance in the bed. He documents suspicion of line tampering, and the attending physician is notified.

On the same day (3/9), the physician cancelled the patient's discharge orders and asked the patient about the syringe during daily rounds. Initially, the patient denies knowledge of the syringe, but later suggested his friends may have "messed with" his CL.

On 3/10 orders are written to discontinue the CL and all narcotics; the PICC is removed the same day. The patient becomes febrile (T max=38.4°C) on the medical floor (Unit 5B) with increased white blood cell (WBC) count, and tachycardia. A triple lumen catheter is inserted on 3/13 for fluid resuscitation, and blood cultures collected on 3/16 are positive for *Enterobacter cloacae*, *Pseudomonas spp.*, and *Candida glabrata*. The patient transferred to ICU.

Question 1

Is there an LCBI criteria met?

- A. LCBI 2
- B. MBI-LCBI 1
- C. LCBI 1
- D. No LCBI criteria are met

Question 2

Is the BSI event a central line-associated bloodstream infection (CLABSI)?

- A. Yes
- B. No

Question 3

Is the self-infection CLABSI exclusion met using the documentation by the nurse on 3/9?

- A. Yes
- B. No