

APPENDIX III

NINSS standard codes for micro-organisms

**APPENDIX III
NINSS STANDARD CODES FOR MICRO-ORGANISMS, IN
ALPHABETICAL ORDER**

I. BACTERIA

001 Mixed growth	570 <i>Neisseria</i> spp.
010 <i>Acinetobacter</i> spp.	572 <i>Neisseria meningitidis</i>
012 <i>Acinetobacter baumannii</i> (<i>anitratus</i>)	590 <i>Nocardia</i> spp.
014 <i>Acinetobacter lwoffii</i>	592 <i>Nocardia asteroides</i>
030 <i>Aeromonas</i> spp.	620 <i>Peptococcus</i> spp.
050 <i>Alcaligenes</i> spp.	630 <i>Peptostreptococcus</i> spp.
071 Anaerobic cocci (unspecified)	640 <i>Prevotella</i> spp.
090 <i>Bacillus</i> spp.	650 <i>Propionibacterium</i> spp.
110 <i>Bacteroides</i> spp.	670 <i>Proteus</i> spp.
113 <i>Bacteroides fragilis</i> group	672 <i>Proteus mirabilis</i>
130 <i>Burkholderia</i> (<i>Pseudomonas</i>) spp.	674 <i>Proteus vulgaris</i>
132 <i>Burkholderia cepacia</i>	690 <i>Providencia</i> spp.
160 <i>Chryseomonas</i> spp.	692 <i>Providencia alcalifaciens</i>
180 <i>Citrobacter</i> spp.	694 <i>Providencia rettgeri</i>
182 <i>Citrobacter diversus</i> (<i>koseri</i>)	696 <i>Providencia stuartii</i>
184 <i>Citrobacter freundii</i>	710 <i>Pseudomonas</i> spp.
200 <i>Clostridium</i> spp.	712 <i>Pseudomonas aeruginosa</i>
202 <i>Clostridium difficile</i>	732 <i>Salmonella enteritidis</i>
204 <i>Clostridium perfringens</i>	734 <i>Salmonella typhi</i>
206 <i>Clostridium septicum</i>	739 <i>Salmonella</i> -other spp.
221 Coliforms (unspecified)	750 <i>Serratia</i> spp.
240 <i>Corynebacterium</i> spp.	752 <i>Serratia liquefaciens</i>
242 <i>Corynebacterium jeikeium</i>	754 <i>Serratia marcescens</i>
251 Diphtheroids (unspecified)	770 <i>S. aureus</i> , methicillin - resistant (MRSA)
270 <i>Enterobacter</i> spp.	772 <i>S. aureus</i> , methicillin - sensitive (MSSA)
272 <i>Enterobacter aerogenes</i>	780 <i>Staphylococcus</i> , coagulase - negative (CNS)
274 <i>Enterobacter agglomerans</i>	782 <i>Staphylococcus epidermidis</i>
276 <i>Enterobacter cloacae</i>	783 <i>Staphylococcus haemolyticus</i>
290 <i>Enterococcus</i> spp	784 <i>Staphylococcus hominis</i>
292 <i>Enterococcus faecalis</i> .	785 <i>Staphylococcus lugdunensis</i>
294 <i>Enterococcus faecium</i>	786 <i>Staphylococcus saprophyticus</i>
311 <i>Escherichia coli</i>	787 <i>Staphylococcus schleiferi</i>
330 <i>Flavobacterium</i> spp.	801 <i>Stenotrophomonas</i> (<i>Xanthomonas</i>) <i>maltophilia</i>
350 <i>Fusobacterium</i> spp.	821 <i>Streptococcus agalactiae</i> (group B)
380 <i>Haemophilus</i> spp.	822 <i>Streptococcus bovis</i>
382 <i>Haemophilus influenzae</i>	823 <i>Streptococcus pneumoniae</i>
384 <i>Haemophilus parainfluenzae</i>	824 <i>Streptococcus pyogenes</i> (group A)
400 <i>Hafnia</i> spp.	825 <i>Streptococcus</i> 'viridans group'
420 <i>Klebsiella</i> spp.	829 <i>Streptococcus</i> - other aerobic spp.
422 <i>Klebsiella pneumoniae</i> (<i>aerogenes</i>)	840 <i>Yersinia</i> spp.
424 <i>Klebsiella oxytoca</i>	842 <i>Yersinia enterocolitica</i>
450 <i>Legionella</i> spp.	
452 <i>Legionella pneumophila</i>	860 Other Gram-negative bacteria
470 <i>Listeria</i> spp.	870 Other Gram-positive bacteria
472 <i>Listeria monocytogenes</i>	880 Other anaerobes
490 <i>Micrococcus</i> spp.	890 Other bacteria
510 <i>Moraxella</i> spp.	
512 <i>Moraxella</i> (<i>Branhamella</i>) <i>catarrhalis</i>	II. FUNGI/ YEASTS
531 <i>Morganella morganii</i>	910 <i>Aspergillus</i> spp.
552 <i>Mycobacterium avium</i>	920 <i>Candida</i> spp.
554 <i>Mycobacterium chelonae</i>	922 <i>Candida albicans</i>
556 <i>Mycobacterium fortuitum</i>	924 <i>Candida tropicalis</i>
558 <i>Mycobacterium tuberculosis</i>	940 Other fungi/yeasts
559 <i>Mycobacterium</i> - other spp.	

APPENDIX IV

ANTIBIOTICS CODES IN ALPHABETICAL ORDER

APPENDIX IV

ANTIBIOTICS CODES IN ALPHABETICAL ORDER

ANTIBIOTIC	CODE
Ampicillin	AMP
Augmentin	AUG
Cefotaxime	CTX
Ceftazidime	CAZ
Cefuroxime	CXM
Cephalexin	CEP
Chloramphenicol	CHL
Ciprofloxacin	CIP
Clarithromycin	CLR
Colistin	COL
Cotrimoxazole	COT
Fucidin	FUS
Gentamicin	GEN
Linezolid	LIN
Meropenem	MER
Metronidazole	MET
Mupirocin	MUP
Neomycin	NEO
Nitrofurantoin	NIT
Novobiocin	NOV
Oxacillin	OXA
Penicillin	PEN
Piperacillin/tazobactam	PIP
Rifampicin	RIF
Sulphamethoxazole/trimethoprim	STR
Synercid	SYN
Teicoplanin	TCP
Trimethoprim	TRI
Vancomycin	VAN
Other	OTR

APPENDIX V(i)
Cover Sheet
Catheter Associated UTI Surveillance

Please write inside number and date frames or place a cross in the appropriate box using a black pen.
This page to be retained locally - NOT to be returned to SCIEH.

<p>Patient's Name:</p> <p>Patient's Address:</p>	<p>Patient Identification Code:</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					

PLEASE DO NOT PUNCH HOLES IN THESE FORMS

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APPENDIX V(ii) Catheter Associated Urinary Tract Infection Surveillance Form

1. Patient and Admission Details Please write inside number and date frames or place a cross in the appropriate box using a black pen

Q1 Hospital Code <input type="text"/> <input type="text"/> <input type="text"/>	Q2 Patient Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q3a Hospital Admission Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Q4 Sex Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/R
Q3b Date Admitted to Speciality <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Q5a If patient more than 1 year old → Age <input type="text"/> <input type="text"/> yrs If N/R enter <input type="text"/> <input type="text"/> <input type="text"/>
If N/R then enter <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Q5b If patient less than 1 year old → Age <input type="text"/> <input type="text"/> mths If N/R enter <input type="text"/> <input type="text"/>
Q6 Speciality Designation Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> Cardiology <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Cardiothoracic Surgery <input type="checkbox"/> Gynaecology <input type="checkbox"/> Obstetrics <input type="checkbox"/> Geriatric Psychiatric <input type="checkbox"/> Haematology <input type="checkbox"/> Trauma & Orthopaedics <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Urology <input type="checkbox"/> General Medicine <input type="checkbox"/> Paediatrics <input type="checkbox"/> Neonatology <input type="checkbox"/> General Surgery <input type="checkbox"/> Neurology	Q7a Specialty Ward Code or Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ If Patient is transferred within speciality please complete Q7b and Q7c Q7b Transfer Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If N/R then enter <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q7c Ward Code or Name Transferred To Within Speciality <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Catheterisation Details

Q8 Date of Catheter Insertion <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → If N/R then enter <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q9a Location of Patient when Catheter Inserted Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> Ward within chosen speciality <input type="checkbox"/> N/R <input type="checkbox"/> Operating Theatre <input type="checkbox"/> Other (please specify in Q9b) <input type="checkbox"/> Emergency Department	Q10a Reason for Catheterisation Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> Measurement of urine output <input type="checkbox"/> Urinary incontinence <input type="checkbox"/> Obstruction of bladder outlet <input type="checkbox"/> Vaginal delivery or caesarean section <input type="checkbox"/> Perioperative drainage <input type="checkbox"/> N/R <input type="checkbox"/> Retention <input type="checkbox"/> Other (please specify in Q10b)
Q9b Other Location of Patient when Catheter Inserted <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Q10b Other Reason for Catheterisation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q11a Previous Period of Catheterisation Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> Yes, answer Q11b <input type="checkbox"/> No <input type="checkbox"/> N/R	Q11b Length of Previous Period of Catheterisation Mark <input checked="" type="checkbox"/> in appropriate box <input type="checkbox"/> < 30 days <input type="checkbox"/> > 30 days <input type="checkbox"/> N/R



APPENDIX V(ii) Catheter Associated Urinary Tract Infection Surveillance Form

3. Infection Details

Please write inside number and date frames or place a cross in the appropriate box using a black pen

Q12 Urinary Tract Infection Present?

Mark in appropriate box

- Yes →
- No (Please answer Q17 and onwards)

D D M M Y Y Y Y

Q13 Date of Infection Onset / /

If N/R then enter / /

Q14 Criteria Used to Determine Catheter Associated UTI - Record all diagnostic criteria that apply

Mark in one or more relevant boxes

- | | |
|--|---|
| <input type="checkbox"/> Patient has Urinary Catheter <i>in situ</i> | <input type="checkbox"/> Patient had a Catheter removed within 3 days before UTI onset |
| <input type="checkbox"/> $\geq 10^4$ Micro organisms per ml from CSU | <input type="checkbox"/> $\geq 10^5$ Micro organisms per ml from MSU |
| <input type="checkbox"/> Light growth | <input type="checkbox"/> Medium growth |
| <input type="checkbox"/> Heavy growth | <input type="checkbox"/> Dysuria |
| <input type="checkbox"/> Frequency | <input type="checkbox"/> Loin or suprapubic tenderness |
| <input type="checkbox"/> Urgency | <input type="checkbox"/> Pyuria ($\geq 10^4$ WBC per ml) |
| <input type="checkbox"/> Loin pain | <input type="checkbox"/> Physician diagnosed UTI and institutes appropriate antimicrobial therapy |
| <input type="checkbox"/> Fever ($\geq 38^\circ\text{C}$ skin temperature) | |

Q15a Micro Organism 1

Micro Organism Code

Q15b Micro Organism 2

Micro Organism Code 2

Q15c Micro Organism 3

Micro Organism Code 3

Q16a Micro Organism 1 Antibiotic Sensitivity

Sensitive	Resistant
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Q16b Micro Organism 2 Antibiotic Sensitivity

Sensitive	Resistant
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Q16c Micro Organism 3 Antibiotic Sensitivity

Sensitive	Resistant
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. End of Surveillance

D D M M Y Y Y Y

Q17 Date of Catheter Removal / / → If N/R then enter / /

Q18a Reason for Ending Surveillance

Mark in appropriate box

- | | |
|--|--|
| <input type="checkbox"/> Catheter removed plus 3 day follow-up | <input type="checkbox"/> UTI Present |
| <input type="checkbox"/> End of 30 day surveillance period | <input type="checkbox"/> Transferred to another speciality within hospital |
| <input type="checkbox"/> Discharged to home or other healthcare facility | <input type="checkbox"/> N/R |
| <input type="checkbox"/> Patient died during surveillance period | <input type="checkbox"/> Other → |

Q18b Other Reason for Ending Surveillance

D D M M Y Y Y Y

Q19 Date Surveillance Ended / / → If N/R then enter / /



APPENDIX VI
Catheter-Associated UTI Surveillance
Admission Data Form

Please complete one form for each of the chosen specialties

Q1. Hospital Code

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Q2. Surveillance Period
(MONTH)

Q3. Specialty chosen for surveillance (mark X inside one box)

Cardiology	<input type="checkbox"/>	Cardiothoracic Surgery	<input type="checkbox"/>	Gynaecology	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	General Surgery	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Geriatric Medicine	<input type="checkbox"/>	Trauma & Orthopaedics	<input type="checkbox"/>	Haematology	<input type="checkbox"/>
Nephrology	<input type="checkbox"/>	Urology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>
Geriatric Psychiatric	<input type="checkbox"/>				

Q4. Total number of wards within chosen specialty

Q5. No. of wards within chosen specialty included in UTI surveillance

If all wards within chosen specialty are included in the surveillance, complete Q4 & Q7.
In addition, if you wish to have these results stratified by ward, also complete Q8.

Q6. Total no. of admissions to chosen specialty for the surveillance period

Q7. Total no. patient-days in chosen specialty for the surveillance period

Q8. Complete one line for each of the wards in the chosen specialty

Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>
Ward Code	<input type="text"/>	No. of Admissions	<input type="text"/>	No. of Patient Days	<input type="text"/>



APPENDIX VII
Catheter-Associated UTI Surveillance
Ward Admission Worksheet



Q1. Hospital Code

Q2. Specialty Name

Q2. Ward Code/Name

Q2. Surveillance Period (MONTH)

No. of new patients
admitted to the ward each
day each day

No. of patients in the ward
each day

Day of month	Month
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	
TOTAL	

Day of month	Month
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	
TOTAL	

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APPENDIX VIII

AUDIT MATERIALS- DATA COLLECTION FORMS

Policies and Practice Interview- Catheter Insertion
Policies and Practice Interview- Catheter Care
Observational Questionnaire- Catheter Insertion
Observational Questionnaire- Catheter Care/Meatal Cleansing
Observational Questionnaire- Catheter Care/Emptying Catheter Bags
Observational Questionnaire- Sampling
Knowledge Questionnaire- Catheter Insertion
Knowledge Questionnaire- Catheter Care
Knowledge Questionnaire- Sampling
Materials Management Interview
Materials Management Questionnaire
Patient Care Documentation Audit

Knowledge Questionnaire

Catheter Care

Scottish Centre for Infection
and Environmental Health



This questionnaire is for anonymous completion by the **audit participant** and will be treated as confidential. Please place a cross in the appropriate box(es) as instructed for each question. You will be given approximately **10 minutes** to complete this questionnaire.

Hospital name

Ward

Specialty

Q1. Designation of healthcare worker completing questionnaire (e.g. staff nurse)

Q2. Grade of healthcare worker completing questionnaire

Q3a. Do you practice patient meatal cleansing during the period of catheterisation?

Mark in appropriate box

- Yes (go to Q4a) No (go to Q5)

Q4a. What products are used for meatal cleansing?

Mark for all statements that apply

- Soap and water Antiseptic solution Alkaline Non-alkaline (please specify in Q4b)

Q4b. Please specify Other

Q5. Do you wear personal protective equipment (PPE) when carrying out catheter care, such as meatal cleansing?

Mark in appropriate box

- Yes (go to Q6a) No (go to Q7a)

Q6a. What PPE was worn?

Mark for all statements that apply

- Sterile gloves Non sterile gloves Apron Other (please specify in Q6b)

Q6b. Please specify Other

Q7a. When would you use a catheter maintenance solution?

Mark for all statements that apply

- Routinely To decrease pH To remove crystallisation at the catheter tip
 To remove debris from the bladder To treat an infection Other (please specify in Q7b)

Q7b. Please specify Other

continued...

Q9. Is the cleaning monitored?

Mark in appropriate box

Yes No

End of questionnaire

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Q13. The lot number of catheter used

Yes No

Q14. The volume of water used to inflate the retaining balloon

Yes No

Q15. Records of any catheter maintenance solution used

Yes No

Q16. Reason for using a catheter maintenance solution (e.g. crystallisation at tip, washing debris from the catheter)

Yes No Not applicable

Q17. Type of catheter maintenance solution used (e.g. sodium chloride, citric acid)

Yes No Not applicable

Q18. Records of catheter specimens of urine taken

Yes No

Q19. Reason for taking a catheter specimen of urine

Yes No Not applicable

Q20. Details of any catheter problems (e.g. pain or discomfort, UTI, catheter blocked)

Yes No

Q21. Date of catheter removal

Yes No Not applicable

Q22. Details of the voiding specimen for 2 days following catheter removal

Yes No Not applicable

End of questionnaire

