Questionnaire sent to participating ICUs

BACTERAEMIA QUESTIONNAIRE

Hospital ______________________________________________________________
Country_________________ City/Town _________________________________

1) Number of beds in your hospital ______

2) Hospital description
   ☐ 1 University
   ☐ 2 University-associated
   ☐ 3 Community

3) type of ICU
   ☐ 1 general (mixed medical-surgical)
   ☐ 2 surgical
   ☐ 3 medical
   ☐ 4 neurosurgical
   ☐ 5 cardiothoracic
   ☐ 6 paediatric
   ☐ 7 other (please state) ____________________________

   total number of ICU beds ______

4) Total ICU population (please state approximate number of admissions per year)
   medical ...................................................................................................... _____
   elective surgical ........................................................................................ ______
   emergency surgical .................................................................................... ______

5) Speciality populations (please state approximate % of admissions per year)
   paediatric (<16 y.o.) .................................................................................... _____ %
   immunosuppressed (e.g. AIDS/haematological malignancy) .................... _____ %
6) **Source of admission** (please state approximate percentage of admissions per year)

- accident & emergency ........................................................... _____ %
- emergency admission from general ward .............................. _____ %
- operating theatre ................................................................. _____ %
- other ICUs/hospitals ............................................................. _____ %
- other relevant source ............................................................ _____ %

(please state)………………… _______________________

7) **Length of stay. How many patients/year stay:**

- < 3 days ............................................................................... _____ %
- 3-7 days ............................................................................... _____ %
- 8-14 days ............................................................................... _____ %
- > 14 days ............................................................................... _____ %

8) **Are you aware of the number of cases of bacteraemia/fungaemia per year?**

Yes □1 No □2

if yes, please state:  
bacteraemia: ............................................................... _____
fungaemia: ................................................................. _____

9) **ICU-acquired infections: what percentage of your...?**

*Staphylococcus aureus* infections are MRSA? .......................... _____ %

Gram negative infections are due to multi-drug resistant microorganisms  
i.e. resistant to ≥3 different classes of usually effective antibiotics) ...... _____ %

10) **Input from other specialities**

How many times a week does a microbiologist attend the ICU? .......... ____

How many times a week does an infectious disease specialist attend the ICU? ... ____
11) Decision to start antibiotics (please place only tick in each row!)

<table>
<thead>
<tr>
<th></th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU doctor alone</td>
<td></td>
<td></td>
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<tr>
<td>ICU + microbiology</td>
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<td></td>
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<tr>
<td>ICU + infectious diseases</td>
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12) Decision to stop antibiotics (please place only tick in each row)

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<thead>
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13) What is your “standard” therapy for bacteraemia?

<table>
<thead>
<tr>
<th></th>
<th>Duration of therapy (days)</th>
<th>Number of antibiotics used at start of therapy/</th>
<th>Number of antibiotics used when organism sensitivities are known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (source unknown)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Secondary to catheter related infection</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• S. aureus</td>
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<tr>
<td>• coagulase-negative staphylococcus</td>
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<td></td>
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<tr>
<td>• Gram negative organisms</td>
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<td></td>
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<tr>
<td>Secondary to nosocomial pneumonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary to generalized peritonitis</td>
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<td></td>
<td></td>
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<tr>
<td>Secondary to urinary tract infection</td>
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14) Does your ICU have a specific....?

Infection control nurse? ................................................................. Yes □1 No □2
Infection control program? ........................................................... Yes □1 No □2

15) Has your ICU agreed policies for antibiotic prescribing?

If Yes please tick whether you practise:

a) permutation/cycling ................................................................. Yes □1 No □2
   (e.g. changing 1st line therapy every 6 months)

b) restriction ................................................................. Yes □1 No □2
   (e.g. reserving certain potent broad spectrum antibiotics,
    e.g. imipenem for 'rescue' therapy)

c) selective gut decontamination ........................................ Yes □1 No □2
   (SDD)

d) other strategies ................................................................. Yes □1 No □2
   ☑ (please state) ................................................................. _______________________

16) What is your current first line antibiotic/antifungal therapy/therapies for:

Community Gram positive bacteraemia: _______________________________
   _______________________________________________________________

Nosocomial Gram positive bacteraemia: _______________________________
   _______________________________________________________________

Community Gram negative bacteraemia: _______________________________
   _______________________________________________________________

Nosocomial Gram negative bacteraemia: _______________________________
   _______________________________________________________________

Fungaemia (immunosuppressed patients): _______________________________
   _______________________________________________________________

Fungaemia (non-immunosuppressed patients): ___________________________
   _______________________________________________________________