

KNHSS

Kuwait National Healthcare-associated
Infections Surveillance System

mm yyyy

Surveillance date ____/____

Facility name: _____

Adult ICU/PICU Monthly Rates Form

Total number of infections=.....

Total number of BSI = (CLABSI+ Non CLABSI.....)

Total number of UTI= (CAUTI+ all other UTI)

Total number of LRTI= (VAP.....+ all other LRTI.....)

Number of SSI=.....

Number of other infections=.....

| Name of rate | Formula | Result |
|---------------------------------------|---|--------|
| 1. Overall infection rate/1000 | $\frac{\text{Total number of all types of infections} \times 1000}{\text{Total number of patient days}}$ | /1000 |
| 2. CLABSI rate/1000 | $\frac{\text{Total number of CLABSI} \times 1000}{\text{Total number of central line days}}$ | /1000 |
| 3. CAUTI rate/1000 | $\frac{\text{Total number of CAUTI} \times 1000}{\text{Total number of urinary catheter days}}$ | /1000 |
| 4. VAP rate/1000 | $\frac{\text{Total number of VAP} \times 1000}{\text{Total number of ventilator days}}$ | /1000 |
| 5. Overall patient infection rate (%) | $\frac{\text{Total number of patients with one or more HAI} \times 100}{\text{Total number of new arrivals} + \text{number of patients remaining from the previous month}}$ | % |
| 6. Central line utilization ratio | $\frac{\text{Total number of central line days}}{\text{Total number of patient days}}$ | |
| 7. Urinary catheter utilization ratio | $\frac{\text{Total number of urinary catheter days}}{\text{Total number of patient days}}$ | |
| 8. Ventilator utilization ratio | $\frac{\text{Total number of ventilator days}}{\text{Total number of patient days}}$ | |

Doctor's Signature

Nurse's Signature