

Please return completed form within 24 hours of CPE confirmation to the VICNISS Coordinating Centre by faxing 03 9342 9355.
For enquiries telephone 03 9342 9333.

Part A: Confirmed CPE event

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Date of form completion

Case details—please answer all questions

Last name

First name(s)

Date of birth

Medicare or other healthcare identifier

Sex

Male

Female

Other, specify >

Residential address

Suburb/town

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin

No

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Unknown

Country of birth ...country

...year arrived in Australia

Australia

Unknown

Overseas >

Interpreter required

No

Yes, language >

Has this person previously had CPE

No — please complete remainder of form

Yes — this admission, please complete Clinical Details on page 2

Yes — new admission, please complete pages 1 and 2

CPE specimen details

Specimen collection date

Specimen ID (local lab)

Location of case at time of specimen collection

Acute hospital — admitted

Acute hospital — emergency

General practice

Residential aged care

Sub-acute (e.g. rehabilitation)

Unknown

Other, specify >

Facility name

Patient identifier (UR number)

Treating unit/ward

Case presented to this location from

Acute hospital within Australia

specify hospital and date of presentation to this previous hospital

Transferred from hospital outside of Australia

specify country

Home

Residential aged care

Sub-acute (e.g. rehabilitation)

Unknown

Other, specify >

Reason for specimen collection

Clinically indicated

Routine screening of non-TRA wards

Screening — CPE contact

Screening — Returned traveller admission

Screening — Transmission risk area

Screening — Direct overseas transfer

Screening — International visitor pre-admission

Other, specify below

Family practitioner

Doctor

Medicare provider no.

Department use only

Practice name and Address

City

Postcode

Telephone

Fax

Date

Please identify the case on every page

Full name or UR

Date of birth

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Clinical details

Isolation of CPE from this case represents

- Colonisation
- Infection
- Unknown

If CPE isolation represents infection

- Bacteraemia — IV device related
- Bacteraemia — with focus, specify > _____
- Bacteraemia — without obvious focus
- Central nervous system
- Genital tract
- Infection of prosthetic material
- Intra-abdominal
- Respiratory tract
- Skin/soft tissue
- Surgical wound
- Urinary tract
- Other, specify > _____

Current admission status

- Not admitted
- Not yet discharged
- Discharged, specify discharge date > _____

Is the case deceased

- Yes, specify date of death > _____
- No

Clinical comments or cause of death

Risk factors for CPE

If the case is an inpatient at the time of specimen collection, please provide details below on all wards, units and rooms the case was admitted to during this admission. Copy this page if more locations are required.

Health service Unit	Ward	Bed	Room type	Bathroom type	Arrived	Departed
e.g. Smithville Health Care			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
e.g. Haematology	e.g. 2W	e.g. 3	<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____
_____			<input type="checkbox"/> Single <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	<input type="checkbox"/> Single (not shared) <input type="checkbox"/> Shared with cohorted only <input type="checkbox"/> Shared with non-cohorted <input type="checkbox"/> Unknown	_____	_____

Risk history (a)

Was the case hospitalised in the last 12 months at any facility in Australia (excluding this current admission)

- No
- Unknown
- Yes, specify ALL facilities below, and discharge date (if known)

Facility 1 _____ MM YY

Facility 2 _____ MM YY

Facility 3 _____ MM YY

Infection control (as per Victorian CPE guidelines)

Contact precautions

- Yes, specify date > _____
- No
- Unknown

Alert on patient record

- Yes, specify date > _____
- No
- Unknown

Full name or UR

Date of birth

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Please discuss answers for this page with the case or their next of kin

Risk history (b)

Did the case have day surgery/day admission in Australia in the last 12 months

- Yes, specify below
- No
- Unknown

Date of surgery	Facility	Type of surgery

Was the case a resident in an aged or long term care facility in Australia in the last 12 months

- Yes, specify all facilities >
- No
- Unknown

Was the case engaged in healthcare work in Australia in the last 12 months

- Yes
- No
- Unknown

Does the case know if they have ever had contact with a known CPE positive case

- Yes, specify > PHESS ID or name and DOB of positive case below
- No
- Unknown

Did the case have any household contact with a recently returned traveller or an overseas visitor within the last 12 months

- Yes, specify country >
- No
- Unknown

If yes, was the contact admitted to a healthcare facility overseas

- Yes, specify country >
- No
- Unknown

Has the case spent time outside of Australia in the last 4 years

- Yes, Australian resident travelling overseas
- Yes, overseas resident travelling to Australia
- No
- Unknown

If "Yes" to the above question, complete a 'Risk history (c)' column for each country visited.

If "No" or "Unknown" to the above question, data collection ends here.

Risk history (c) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Additional columns are provided overleaf.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
- Residence in country of birth
- Residence in country other than birth
- Visiting friends and relatives
- Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes – Dental
- Yes – Medical
- Yes – Other
- No
- Unknown

Did the case experience any illness in this country

- Yes, specify >
- No
- Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes – as a patient, specify location below
- Yes – as staff, specify location below
- Yes – visiting a patient, specify location below
- No
- Unknown

Location within facility	Visit/admitted	Discharged
<input type="checkbox"/> General practice		
<input type="checkbox"/> Day procedure centre		
<input type="checkbox"/> Other medical surgery		
<input type="checkbox"/> Acute hospital emergency		
<input type="checkbox"/> Acute hospital outpatients		
<input type="checkbox"/> Acute hospital admission		
<input type="checkbox"/> Other, specify type >		

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
- No
- Unknown

Any further details on travel in this country

Please identify the case on every page

Full name or UR

Date of birth

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Please discuss answers for this page with the case or their next of kin

Risk history (b) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Copy this page if required for additional countries.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
Residence in country of birth
Residence in country other than birth
Visiting friends and relatives
Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes - Dental
Yes - Medical
Yes - Other
No
Unknown

Did the case experience any illness in this country

- Yes, specify >
No
Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes - as a patient, specify location below
Yes - as staff, specify location below
Yes - visiting a patient, specify location below
No
Unknown

Location within facility Visit/admitted Discharged

General practice

Day procedure centre

Other medical surgery

Acute hospital emergency

Acute hospital outpatients

Acute hospital admission

Other, specify type >

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
No
Unknown

Any further details on travel in this country

Risk history (b) complete only if the case has spent time outside of Australia in the last 4 years

Complete one risk history (b) column for every country visited. Copy this page if required for additional countries.

Country

Arrived

Departed

Reason for time spent in this country (tick all that apply)

- Holiday or business
Residence in country of birth
Residence in country other than birth
Visiting friends and relatives
Other, specify >

Did the case travel with the intention of receiving medical, dental or other healthcare in this country

- Yes - Dental
Yes - Medical
Yes - Other
No
Unknown

Did the case experience any illness in this country

- Yes, specify >
No
Unknown

Did the case visit a healthcare facility in this country (tick all that apply)

- Yes - as a patient, specify location below
Yes - as staff, specify location below
Yes - visiting a patient, specify location below
No
Unknown

Location within facility Visit/admitted Discharged

General practice

Day procedure centre

Other medical surgery

Acute hospital emergency

Acute hospital outpatients

Acute hospital admission

Other, specify type >

Did the case receive any medical treatment or procedures in this country

- Yes, specify >
No
Unknown

Any further details on travel in this country

