

MR # _____ Genders: M F

S.No _____

Place of birth: Inborn (AKU) Outborn

Shifted from: LROR WBN SDU ED Other hospital

Date of Admission in NICU: _____ Current weight (Kg): _____

Date of Discharge from NICU _____ Length of NICU Stay: _____

Outcome: Discharged home Step down Expired

Birth weight category (grams): ≤1000 1001-1500 1501-2500 ≥2501

Gestational age (weeks): ≤27 >27 to ≤31 >31 to ≤36 >36

Diagnosis: _____

Clinical details: _____

Total Parenteral Nutrition (days): _____ Structural/chromosomal anomaly: Y/N _____

Catheter type	Date Inserted/ Time	Date Removed /Time	Reason for removal	Dwell-Time	Line Associated with CLABSI
Umbilical Venous Catheter					
Umbilical Arterial Catheter					
Peripherally Inserted Central Catheter					
Central Venous Catheter					

Microbiology

Date	Source	Organism	Antibiotic sensitivity	Organism Associated with CLABSI	Pan sensitive	MRDO	CRO

CLABSI: Y/N

Device day on which CLABSI confirmed: