2024 NHSN Gastrointestinal System Infection (GI) Checklist

Documentation Review Checklist		
GI - GASTROINTESTINAL SYSTEM INFECTION		
CDI-*Clostridioides difficile* Infection		
Element	**Element Met**	**Date**
Clostridioides difficile infection must meet at least ***one*** of the following criteria:		
1. Positive test for toxin-producing *C. difficile* on an unformed stool specimen (conforms to the shape of the container).	☐	
2. Patient has evidence of pseudomembranous colitis on gross anatomic (includes endoscopic exams) or histopathologic exam.	☐	

Comments:

- When using a multi-testing methodology for CD identification, the result of the final test performed, which is placed onto the patient medical record, will determine if GI-CDI criterion 1 is met.
- The date of event for CDI criterion 1 will always be the specimen collection date of the unformed stool, specifically, not the date of onset of unformed stool.
- A positive test for toxin-producing *C. difficile* and an unformed stool specimen is a single element, and both are required to meet the criterion.

Reporting Instructions:

- Report the CDI and the GE or GIT if additional enteric organism(s) are identified and criteria are met for GE or GIT.
- Report each new GI-CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs (see NHSN HAI definitions in Chapter 2 for further details and guidance).
- CDI laboratory-identified event (LabID Event) categorizations (for example, recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare facility-associated) do **not** apply to HAIs, including *C. difficile* associated gastrointestinal infections (GI-CDI).

GI - GASTROINTESTINAL SYSTEM INFECTION		
GE-Gastroenteritis (excluding *C. difficile* infections)		
Element	**Element Met**	**Date**
Gastroenteritis must meet at least ***one*** of the following criteria:		
1. Patient has an acute onset of diarrhea (liquid stools for > 12 hours) and no likely noninfectious cause (for example, diagnostic tests, therapeutic regimen other than antimicrobial agents, acute exacerbation of a chronic condition, or psychological stress information).	☐	
2. Patient has at least ***two*** of the following signs or symptoms:		
• Nausea*	☐	
• Vomiting*	☐	
• Abdominal pain*	☐	
• Fever (>38.0°C)	☐	
• Headache*	☐	
AND at least *one* of the following:		
a. An enteric pathogen is identified from stool or rectal swab by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
b. An enteric pathogen is detected by microscopy on stool.	☐	
c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	☐	
**With no other recognized cause*		

Comment:

- The reference to "enteric pathogens" describes pathogens that are not considered to be normal flora of the intestinal tract. Enteric pathogens identified on culture or with the use of other diagnostic laboratory tests include *Salmonella*, *Shigella*, *Yersinia*, *Campylobacter*, *Listeria*, *Vibrio, Enteropathogenic* or *Enterohemorrhagic E. coli,* or *Giardia*.

Reporting instruction:

- Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT.

GI - GASTROINTESTINAL SYSTEM INFECTION		
GIT-Gastrointestinal tract infection (esophagus, stomach, small and large bowel, and rectum) excluding gastroenteritis, appendicitis, and *C. difficile* infection		
Element	**Element Met**	**Date**
Gastrointestinal tract infections, excluding, gastroenteritis and appendicitis, must meet at least ***one*** of the following criteria:		
1. Patient has ***one*** of the following:		
a. An abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam.	☐	
b. Abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam (see Reporting Instructions) ***AND*** Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism on the NHSN Organism List that can be accessed via the spreadsheet or the new NHSN Terminology Browser.	☐	
2. Patient has at least ***two*** of the following signs or symptoms compatible with infection of the organ or tissue involved:		
• Fever (>38.0°C)	☐	
• Nausea*	☐	
• Vomiting*	☐	
• Pain* or tenderness*	☐	
• Odynophagia*	☐	
• Dysphagia*	☐	
AND at least ***one*** of the following:		
a. Organism(s) identified from drainage or tissue obtained during an invasive procedure or from drainage from an aseptically-placed drain by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
b. Organism(s) seen on Gram stain or fungal elements seen on KOH stain or multinucleated giant cells seen on microscopic examination of drainage or tissue obtained during an invasive procedure or from drainage from an aseptically-placed drain.	☐	
c. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism on the NHSN Organism List that can be accessed via the spreadsheet or the new NHSN Terminology Browser. ***AND*** Imaging test evidence definitive for gastrointestinal infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for gastrointestinal tract infection.	☐	
d. Imaging test evidence definitive for gastrointestinal infection (for example, endoscopic exam, MRI, CT scan), which if equivocal is supported by clinical	☐	

correlation, specifically, physician or physician designee documentation of antimicrobial treatment for gastrointestinal tract infection.		

**With no other recognized cause*

Reporting instructions:

- Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT.
- For GIT 1b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- In patients > 1 year of age, pneumatosis intestinalis is considered an equivocal imaging finding for a gastrointestinal tract infection (GIT). For patients ≤ 1 year of age, please review the NEC criteria.

GI - GASTROINTESTINAL SYSTEM INFECTION		
IAB-Intraabdominal infection, not specified elsewhere, including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, retroperitoneal, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere		
Element	**Element Met**	**Date**
Intraabdominal infections must meet at least ***one*** of the following criteria:		
1. Patient has organism(s) identified from an abscess or from purulent material from intraabdominal space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
2. Patient has at least ***one*** of the following:		
a. Abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam.	☐	
b. Abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam (see Reporting Instruction) ***AND*** Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism on the NHSN Organism List that can be accessed via the spreadsheet or the new NHSN Terminology Browser.	☐	
3. Patient has at least ***two*** of the following:		
• Fever (>38.0°C)	☐	
• Hypotension	☐	
• Nausea*	☐	
• Vomiting*	☐	
• Abdominal pain or tenderness*	☐	
• Elevated transaminase level(s)*	☐	
• Jaundice*	☐	
AND at least ***one*** of the following:		
a. Organism(s) seen on Gram stain and/or identified from intraabdominal fluid or tissue obtained during invasive procedure or from an aseptically-placed drain in the intraabdominal space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage) by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
b. Organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism on the NHSN Organism List that can be accessed via the spreadsheet or the new NHSN Terminology Browser. ***AND*** Imaging test evidence definitive for infection (for example, ultrasound, CT scan, MRI, ERCP, radiolabel scans [gallium, technetium, etc.], or on abdominal x-ray), which if equivocal is supported by clinical correlation, specifically, physician or	☐	

	physician designee documentation of antimicrobial treatment for intraabdominal infection†.		

**With no other recognized cause*

Reporting instructions:

- †Biliary ductal dilatation is considered an equivocal finding for cholangitis.
- For IAB 2b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- Do not report pancreatitis (an inflammatory syndrome characterized by abdominal pain, nausea, and vomiting associated with high serum levels of pancreatic enzymes) unless it is determined to be infectious in origin.
- Eligible laboratory results that represent transaminase levels include serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), alanine transaminase (ALT), or aspartate transaminase (AST). Consider the requirement for elevated transaminase level(s) met if at least one is elevated as per the normal range provided by the laboratory.

Necrotizing enterocolitis (NEC) criteria include neither a site-specific specimen nor organism identified from blood specimen. The pathophysiology of NEC is multifactorial. NEC definitions are provided to facilitate the provision of an exception for assigning a BSI secondary to NEC and should not be used for HAI surveillance as they are not designed, tested, or intended for this purpose.

GI - GASTROINTESTINAL SYSTEM INFECTION		
NEC-Necrotizing enterocolitis		
Element	**Element Met**	**Date**
Necrotizing enterocolitis in infants (≤1 year of age) must meet ***one*** of the following criteria:		
1. Infant has at least ***one*** of the clinical and ***one*** of the imaging test findings from the lists below:		
At least *one* clinical sign:		
a. Bilious aspirate (**Note**: Bilious aspirate from a transpyloric feeding tube should be excluded.)	☐	
b. Vomiting	☐	
c. Abdominal distention	☐	
d. Occult or gross blood in stools (with no rectal fissure)	☐	
And at least *one* imaging test finding which if equivocal is supported by clinical correlation (specifically, physician documentation of antimicrobial treatment for NEC):		
a. Pneumatosis intestinalis.	☐	
b. Portal venous gas (Hepatobiliary gas).	☐	
c. Pneumoperitoneum.	☐	
2. Surgical NEC: Infant has at least ***one*** of the following surgical findings:		
a. Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected).	☐	
b. Surgical evidence of pneumatosis intestinalis with or without intestinal perforation.	☐	

Reporting instructions:

- Necrotizing enterocolitis (NEC) criteria include neither a site-specific specimen nor organism identified from blood specimen. A BSI is considered secondary to NEC if the patient meets one of the two NEC criteria **AND** an organism identified from blood specimen collected during the secondary BSI attribution period is an LCBI pathogen, or the same common commensal is identified from two or more blood specimens drawn on separate occasions collected on the same or consecutive days.
- Pneumatosis is considered an equivocal abdominal imaging finding for necrotizing enterocolitis.
    - Examples of abdominal imaging include KUB, ultrasound, or an abdominal x-ray.
- NEC criteria cannot be met in patients > 1 year of age. Review GIT for eligibility.