

**This bulletin addresses a number of updates and revisions that specifically impacts data collected by REDOXS<sup>©</sup> Research Coordinators**

<b>Issue #1</b>	<b>Lipids and Parenteral Nutrition</b>
	On the eCRF we accidentally omitted an important piece of data. In the Parenteral Nutrition section of the Daily Nutrition data entry, we did not ask if the patient received lipids. Instead we ask you to enter the type of lipid used.
<b>Solution:</b>	To remedy this, we ask that if a patient receives parenteral nutrition and does not receive lipids, you select OTHER from the Type of Lipids taxonomy. Please type in NONE RECEIVED in the available field. <b>Most likely few patients will be affected, but please review current patient data for patients who received parenteral nutrition and ensure that the correct information is entered.</b> (Page 38 of Implementation Manual)
<b>Issue #2</b>	<b>ICU Acquired Infection Adjudication – Categories of Infection</b>
	In the Implementation Manual, Appendix 8.2 Categories of Infections, page 84 (Category 11) requires an update. The change relates to (c) Possible Pneumonia. It should read: “Positive sputum or tracheal culture or non significant growth on BAL or <u>no microbial confirmation in the appropriate clinical scenario described at the top of the page.</u> ”
<b>Solution:</b>	Please go back through any previous Adjudications and determine if this change impacts the adjudication outcome, and please make note of this requirement for future data collection. <b>Please insert the attached updated page 84 into your Implementation Manual for future infection adjudications.</b>
<b>Issue #3</b>	<b>PN &amp; EN Nutrition stop dates</b>
	Per the Implementation Manual, if EN or PN is continued beyond ICU discharge, we have instructed you to record the ICU discharge date/time as the EN or PN stop date/time. However, due to a programming error you are unable to enter EN or PN stop dates beyond day 30.
<b>Solution:</b>	In the event that a patient stays >30 days in the ICU, and EN or PN is to be continued beyond ICU discharge, please enter day 30 as the stop date for EN or PN. (Page 29 of the Implementation Manual)
<b>Issue #4</b>	<b>Antibiotics stop date</b>
	Per the Implementation Manual, we ask you to record the stop date of antibiotics even if this date is beyond ICU discharge.
<b>Exception:</b>	If the patient switches from IV to PO vancomycin, please enter the date of IV vancomycin discharge as the stop date. Do not enter PO vancomycin discharge date. (Page 45 of the Implementation Manual).

**Please make a note of these changes on the corresponding pages in your Implementation Manual**

**Category 11**

**ICU-Acquired Pneumonia** includes HAP and VAP. It must be associated with new, progressive, or persistent infiltrates on CXR and be associated with signs and symptoms of infection (fever, leukocytosis, worsening oxygenation, purulent secretions, etc.).

**a) Definite Pneumonia**

1. Radiographic evidence of pulmonary abscess and positive needle aspirate

**OR**

2. Histologic proof on open lung biopsy or at post mortem (abscess formation, or consolidation with PMN accumulation).

**b) Probable Pneumonia**

Must be associated with 1 of the following:

1. BAL ( $>10^4$  CFU/ml) or PBC ( $>10^3$  CFU/ml) quantitative culture of specimen.
2. Positive blood culture of an organism found within 48 hours of that same organism found in tracheal aspirate.
3. Positive pleural fluid culture of an organism, the same organism found in tracheal aspirate.

**c) Possible Pneumonia**

Positive sputum or tracheal culture or non significant growth on BAL or no microbial confirmation in the appropriate clinical scenario described at the top of the page.

Comments:

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