

*Facility ID # : _____		*Event # : _____	
*Patient ID # : _____		Social Security # : _____ - _____ - _____	
Secondary ID # : _____			
Patient Name, Last: _____		First: _____	Middle: _____
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M		*Date of Birth: ____ / ____ / ____	
Ethnicity (specify): _____		Race (specify): _____	
*Event Type: <u>SSI</u>		*Date of Event: ____ / ____ / ____	
*Date of Procedure: ____ / ____ / ____		*NHSN Procedure Code: _____	
*Location: _____		ICD-9-CM Procedure Code: _____	
*MDRO Infection: <input type="checkbox"/> Y <input type="checkbox"/> N		*Date Admitted to Facility: ____ / ____ / ____	
<b>Event Details</b>	*SSI		
_____	Superficial Incisional Primary (SIP) – Specify criterion used: _____		
_____	Superficial Incisional Secondary (SIS) – Specify criterion used: _____		
_____	Deep Incisional Primary (DIP) – Specify criterion used: _____		
_____	Deep Incisional Secondary (DIS) – Specify criterion used: _____		
_____	Organ / Space: _____ – Specify criterion used: _____ <span style="margin-left: 100px;"><small>specify</small></span>		
*Detected: <input type="checkbox"/> A – During admission <input type="checkbox"/> P – Post-discharge surveillance <input type="checkbox"/> R - Readmission			
*Secondary Bloodstream Infection: <input type="checkbox"/> Y <input type="checkbox"/> N			
**Died: <input type="checkbox"/> Y <input type="checkbox"/> N		SSI Contributed to Death: <input type="checkbox"/> Y <input type="checkbox"/> N	
Discharge Date: ____ / ____ / ____			
*Pathogens Identified: <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, specify on reverse →	
<b>Custom Fields</b>			
Label		Label	
_____	____ / ____ / ____	_____	____ / ____ / ____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Comments</b>			

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

**SSI** Pathogens: Select up to 3 organisms

Pathogen #	<b>Gram-positive Organisms</b>										
_____	Coagulase-negative staphylococci (specify)	VANC									
		S I R N									
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC					
		S I R N	S I R N	S I R N	S I R N	S I R N					
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC				
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N				
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

Pathogen #	<b>Gram-negative Organisms</b>									
_____	<i>Acinetobacter spp.</i> (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Enterobacter spp.</i> (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP
		S I R N	S I R N		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	<i>Stenotrophomonas maltophilia</i>	TMZ								
		S I R N								

Pathogen #	<b>Other Organisms</b>									
_____	Organism 1 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
		S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N	S I R N

AMK = amikacin      CEFTAZ = ceftazidime      ERYTH = erythromycin      PENG = penicillin G      Result codes:  
 AMP = ampicillin      CEFTRX = ceftriaxone      GENT = gentamicin      PIP = piperacillin      S = susceptible      I = intermediate  
 AMPSUL = ampicillin/sulbactam      CIPRO = ciprofloxacin      IMI = imipenem      QUIDAL = quinupristin / dalfopristin      R = resistant      N = not tested  
 CEFEP = cefepime      CLIND = clindamycin      LEVO = levofloxacin      RIF = rifampin  
 CEFOT = cefotaxime      DAPTO = daptomycin      MERO = meropenem      TMZ = trimethoprim / sulfamethoxazole  
 OX = oxacillin      VANC = vancomycin