

Surgical Site Infection (SSI)

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*required for saving **required for completion	
Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: SSI	*Date of Event:
*NHSN Procedure Code:	ICD-9-CM Procedure Code:
*Date of Procedure:	*Outpatient Procedure: Yes No
*MDRO Infection Surveillance:	
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility	Location
Event Details	
*Specific Event:	
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Organ/Space (specify site): _____	<input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Deep Incisional Secondary (DIS)
*Specify Criteria Used (check all that apply):	
<u>Signs & Symptoms</u> <input type="checkbox"/> Purulent drainage or material <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Localized swelling <input type="checkbox"/> Redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened by surgeon <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Cough <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Dysuria <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests [‡] <input type="checkbox"/> Other signs & symptoms [‡]	<u>Laboratory</u> <input type="checkbox"/> Positive culture <input type="checkbox"/> Not cultured <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Blood culture not done or no organisms detected in blood <input type="checkbox"/> Positive Gram stain when culture is negative or not done <input type="checkbox"/> Other positive laboratory tests [‡] <input type="checkbox"/> Radiographic evidence of infection <u>Clinical Diagnosis</u> <input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy [‡]
‡per organ/space specific site criteria	
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> RF (Readmission to facility where procedure performed)	
<input type="checkbox"/> RO (Readmission to facility other than where procedure was performed)	
*Secondary Bloodstream Infection: Yes No	**Died: Yes No SSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.
<small>Assurance of Confidentiality: The voluntarily provided 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 32 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.120 (Front) Rev 4, v6.6</small>	

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus</i> coagulase-negative (specify): _____		VANC SIRN							
_____	<i>Enterococcus</i> spp. (specify): _____		AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN		
_____			STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN				
_____	<i>Enterococcus faecium</i>		AMP SIRN	CIPRO/LEVO/MOXI SIRN	DAPTO SNSN	DOXY/MINO SIRN	GENTHL^s SRN	LNZ SIRN		
_____			QUIDAL SIRN	STREPHL^s SRN	TETRA SIRN	TIG SNSN	VANC SIRN			
_____	<i>Staphylococcus aureus</i>		CHLOR SIRN	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	
_____			LNZ SRN	OX/CEFOX/METH SIRN	QUIDAL SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> spp. (specify): _____		AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	
_____			GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIP/PIPTAZ SIRN		TETRA/DOXY/MINO SIRN		
_____			TMZ SIRN	TOBRA SIRN						
_____	<i>Escherichia coli</i>		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
_____			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB SIRN	
_____			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
_____			TIG SIRN	TMZ SIRN	TOBRA SIRN					
_____	<i>Enterobacter</i> spp. (specify): _____		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
_____			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB SIRN	
_____			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
_____			TIG SIRN	TMZ SIRN	TOBRA SIRN					
_____	<i>Klebsiella</i> spp. (specify): _____		AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN	
_____			CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB SIRN	
_____			ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
_____			TIG SIRN	TMZ SIRN	TOBRA SIRN					

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Pathogen #	Gram-negative Organisms (continued)									
_____	<i>Serratia marcescens</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP SIRN	CEFOT/CEFTRX SIRN		
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CHLOR SIRN	CIPRO/LEVO/MOXI SIRN		COL/PB SIRN		
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN		TETRA/DOXY/MINO SIRN		
		TIG SIRN	TMZ SIRN	TOBRA SIRN						
_____	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	GENT SIRN		
		IMI SIRN	MERO/DORI SIRN		PIP/PIPTAZ SIRN	TOBRA SIRN				
_____	<i>Stenotrophomonas maltophilia</i>		LEVO SIRN	TETRA/MINO SIRN	TICLAV SIRN	TMZ SIRN				
Pathogen #	Fungal Organisms									
_____	<i>Candida</i> spp. (specify): _____	ANID SIRN	CASPO SNSN	FLUCO S S-DD RN	FLUCY SIRN	ITRA S S-DD RN	MICA SNSN	VORI S S-DD RN		
Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
_____	Organism 1 (specify) _____	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested
[§] **GENTHL and STREPHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	ERYTH = erythromycin	MICA = micafungin	STREPHL = streptomycin – high level test
AMP = ampicillin	CEFUR= cefuroxime	FLUCO = fluconazole	MINO = minocycline	TETRA = tetracycline
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	FLUCY = flucytosine	MOXI = moxifloxacin	TICLAV = ticarcillin/clavulanic acid
AMXCLV = amoxicillin/clavulanic acid	CHLOR= chloramphenicol	GENT = gentamicin	OX = oxacillin	TIG = tigecycline
ANID = anidulafungin	CIPRO = ciprofloxacin	GENTHL = gentamicin –high level test	PB = polymyxin B	TMZ = trimethoprim/sulfamethoxazole
AZT = aztreonam	CLIND = clindamycin	IMI = imipenem	PIP = piperacillin	TOBRA = tobramycin
CASPO = caspofungin	COL = colistin	ITRA = itraconazole	PIPTAZ = piperacillin/tazobactam	VANC = vancomycin
CEFAZ= ceftazidime	DAPTO = daptomycin	LEVO = levofloxacin	QUIDAL = quinupristin/dalfopristin	VORI = voriconazole
CEFEP = cefepime	DORI = doripenem	LNZ = linezolid	RIF = rifampin	
CEFOT = cefotaxime	DOXY = doxycycline	MERO = meropenem		
CEFOX= ceftazidime	ERTA = ertapenem	METH = methicillin		

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Custom Fields

Label

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Comments