

Form Approved OMB No. 0920-xxxx Exp. Date: xx/xx/20xx www.cdc.gov/nhsn

Outpatient Procedure Component Monthly Denominators and Summary

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Facility ID:	*Month/Year: /
Same Day Outcome Measures	
*Total number of admissions for the month:	
Prophylactic IV Antibiotic Timing	
*Number of admissions:	
With an order for a prophylactic IV antibiotic that was administered on time:	
2. With an order for a prophylactic IV antibiotic that was NOT administered on time:	
3. With no order for a prophylactic IV antibiotic:	
(Sum of 1, 2, and 3 should equal total number of admissions for the month)	
Surgical Site Infections Surveillance	
Procedure Category (NHSN Code): *Total Number of Admissions with a Primary CPT Code in the Category*:	
Custom Fields Label	Label
Comments	
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 40 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 are presented 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, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA