

Outpatient Procedure Component Event

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*required for saving

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):	
*Date admitted to facility where procedure occurred (MM/DD/YYYY):			
Four Same Day Outcome Measures			
*Specify event: (check all that apply)			
☐ Patient burn	☐ Patient fall	☐ Hospital transfer/admission	
☐ Wrong site	☐ Wrong side	☐ Wrong patient	☐ Wrong procedure ☐ Wrong implant
Prophylactic IV Antibiotic Timing			
☐ Had an order for a prophylactic IV antibiotic that was NOT administered on time			
Surgical Site Infection (SSI)			
*Date of SSI: ____/____/____		*Primary CPT Code: _____	NHSN Procedure Code: _____
*Specific event (type of SSI): ☐ Superficial incisional ☐ Deep incisional ☐ Organ/space			
*How infection was first reported: (Check all that apply):			
☐ Surgeon	☐ Attending physician other than surgeon		
☐ Admitting inpatient facility	☐ Routine follow-up at outpatient facility	☐ Patient or family member	
*Specify SSI criteria used (check all that apply):			
<u>Signs & Symptoms</u>		<u>Laboratory</u>	
☐ Purulent drainage	☐ Redness	☐ Positive culture	
☐ Incision deliberately opened/drained	☐ Heat	☐ Not cultured	
☐ Pain or tenderness	☐ Abscess	☐ Imaging test evidence of infection	
☐ Localized swelling	☐ Fever (>38°C)	☐ Histopathologic evidence of infection	
☐ Wound spontaneously dehisces			
<u>Other</u>			
☐ Diagnosis of superficial SSI by surgeon or attending physician			
☐ Other evidence of infection on direct exam or during invasive procedure			
*Pathogens identified: ☐ Yes ☐ No			
If Yes, indicate up to 3 pathogens: _____			
Custom Fields			
Label _____		Label _____	
Comments			
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