**Outpatient Procedure Component Event**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Page 1 of 1 | | | | | | | | | \*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): | | | | | | | | | | | | | | | | | | | |
| Signs & Symptoms | | | | | | | | | | | | Laboratory | | | | | | | |
| □ 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 | | | | | | |  | | | | |  | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | |
| □ 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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