

Form Approved OMB No. 0920-0666 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:	
With no order for a prophylactic IV antibiotic:	
(Sum of 1, 2, and 3 should equal total number of admissions for th	e month)
Surgical Site Infections Surveillance	
Procedure Category (NHSN Code): *Total Number of Admissions with a Primary CPT Code in the Category*: *NHSN Codes for Procedure Categories: BRST (Breast) CHOL (Gallbladder) COLO (Colon) FX (Open reduction of fracture HER (Herniorrhaphy) HPRO (Hip arthroplasty) HYST (Abdominal hysterectomy) KPRO (Knee arthroplasty) LAM (Laminectomy) VHYS (Vaginal hysterectomy) † Instructions and code mapping chart can be found on the tables of instructions for this form or in the NHSN Outpatient Procedure Component Protocol	
Custom Fields	
Label Label Comments	
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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	

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