

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-10-PCS or CPT 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) |
| *Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| *Specify Criteria Used (check all that apply): | |
| <u>Signs & Symptoms</u> | <u>Laboratory</u> |
| <input type="checkbox"/> Drainage or material [†] <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened/drained <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†] <input type="checkbox"/> Other signs & symptoms [†] | <input type="checkbox"/> Sinus tract <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"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens <input type="checkbox"/> Other positive laboratory tests [†] <input type="checkbox"/> Imaging test 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 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 35 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 7, v8.6</small> | |

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| Pathogen # | Gram-positive Organisms | | | | | | | | |
|------------|--|--|-------------------------|----------------------------|-----------------------|-------------------------|----------------------------|-------------------------|----------------------|
| _____ | <i>Staphylococcus</i> coagulase-negative (specify species if available): | | VANC SIRN | | | | | | |
| _____ | _____ <i>Enterococcus faecium</i> | | DAPTO SNSN | GENTHL ^s SRN | LNZ SIRN | VANC SIRN | | | |
| _____ | _____ <i>Enterococcus faecalis</i> | | | | | | | | |
| _____ | _____ <i>Enterococcus</i> spp. (Only those not identified to the species level) | | | | | | | | |
| _____ | <i>Staphylococcus aureus</i> | | CIPRO/LEVO/MOXI SIRN | CLIND SIRN | DAPTO SNSN | DOXY/MINO SIRN | ERYTH SIRN | GENT SIRN | LNZ SRN |
| _____ | | | OX/CEFOX/METH SIRN | RIF SIRN | TETRA SIRN | TIG SNSN | TMZ SIRN | VANC SIRN | |
| Pathogen # | Gram-negative Organisms | | | | | | | | |
| _____ | <i>Acinetobacter</i> (specify species) | | 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 S I/S-DD RN | CEFOT/CEFTRX SIRN |
| _____ | | | CEFTAZ SIRN | CEFUR SIRN | CEFOX/CTET SIRN | CIPRO/LEVO/MOXI SIRN | COL/PB [†] SRN | | |
| _____ | | | ERTA SIRN | GENT SIRN | IMI SIRN | MERO/DORI SIRN | PIPTAZ SIRN | TETRA/DOXY/MINO SIRN | |
| _____ | | | TIG SIRN | TMZ SIRN | TOBRA SIRN | | | | |
| _____ | <i>Enterobacter</i> (specify species) | | AMK SIRN | AMP SIRN | AMPSUL/AMXCLV SIRN | AZT SIRN | CEFAZ SIRN | CEFEP S I/S-DD RN | CEFOT/CEFTRX SIRN |
| _____ | | | CEFTAZ SIRN | CEFUR SIRN | CEFOX/CTET SIRN | CIPRO/LEVO/MOXI SIRN | COL/PB [†] SRN | | |
| _____ | | | ERTA SIRN | GENT SIRN | IMI SIRN | MERO/DORI SIRN | PIPTAZ SIRN | TETRA/DOXY/MINO SIRN | |
| _____ | | | TIG SIRN | TMZ SIRN | TOBRA SIRN | | | | |
| _____ | _____ <i>Klebsiella pneumonia</i> | | AMK SIRN | AMP SIRN | AMPSUL/AMXCLV SIRN | AZT SIRN | CEFAZ SIRN | CEFEP S I/S-DD RN | CEFOT/CEFTRX SIRN |
| _____ | _____ <i>Klebsiella oxytoca</i> | | CEFTAZ SIRN | CEFUR SIRN | CEFOX/CTET SIRN | CIPRO/LEVO/MOXI SIRN | COL/PB [†] SRN | | |
| _____ | | | 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 (<i>continued</i>) | | | | | | | | | |
|------------|---|-----------------|--------------------|---------------------|-----------------|---------------------|-----------------|--------------------|-----------------|-----------------|
| _____ | <i>Pseudomonas aeruginosa</i> | AMK SIR N | AZT SIR N | CEFEP SIR N | CEFTAZ SIR N | CIPRO/LEVO SIR N | COL/PB SIR N | GENT SIR N | | |
| | | IMI SIR N | MERO/DORI SIR N | PIP/PIPTAZ SIR N | TOBRA SIR N | | | | | |
| Pathogen # | Fungal Organisms | | | | | | | | | |
| _____ | <i>Candida</i> (specify species if available) _____ | ANID SIR N | CASPO S NS N | FLUCO S S-DD R N | FLUCY SIR N | ITRA S S-DD R N | MICA S NS N | VORI S S-DD R N | | |
| Pathogen # | Other Organisms | | | | | | | | | |
| _____ | Organism 1 (specify) _____ | Drug 1 SIR N | Drug 2 SIR N | Drug 3 SIR N | Drug 4 SIR N | Drug 5 SIR N | Drug 6 SIR N | Drug 7 SIR N | Drug 8 SIR N | Drug 9 SIR N |
| _____ | Organism 1 (specify) _____ | Drug 1 SIR N | Drug 2 SIR N | Drug 3 SIR N | Drug 4 SIR N | Drug 5 SIR N | Drug 6 SIR N | Drug 7 SIR N | Drug 8 SIR N | Drug 9 SIR N |
| _____ | Organism 1 (specify) _____ | Drug 1 SIR N | Drug 2 SIR N | Drug 3 SIR N | Drug 4 SIR N | Drug 5 SIR N | Drug 6 SIR N | Drug 7 SIR N | Drug 8 SIR N | Drug 9 SIR N |

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

[§] **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

[†] **Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:

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

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| Custom Fields | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|---|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">/ /</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | / / | | | | | | | | | | | | | <p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">/ /</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | / / | | | | | | | | | | | | |
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