NHSN National Healthcare Safety Network

Surgical Site Infection (SSI)

*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:

☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

☐ 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:

☐ Superficial Incisional Primary (SIP)	☐ Deep Incisional Primary (DIP)
☐ Superficial Incisional Secondary (SIS)	☐ Deep Incisional Secondary (DIS)
☐ Organ/Space (specify site): _____	

*Infection present at the time of surgery (PATOS): ☐ Yes   ☐ No

*Specify Criteria Used (check all that apply):

Signs & Symptoms		Laboratory
☐ Drainage or material[†]	☐ Sinus tract	☐ Organism(s) identified
☐ Pain or tenderness	☐ Hypothermia	☐ Culture or non-culture based testing not performed
☐ Swelling or inflammation	☐ Apnea	☐ Organism(s) identified from blood specimen
☐ Erythema or redness	☐ Bradycardia	☐ Organism(s) identified from ≥ 2 periprosthetic
☐ Heat	☐ Lethargy	specimens
☐ Fever	☐ Cough	☐ Other positive laboratory tests[†]
☐ Incision deliberately opened/drained	☐ Nausea	☐ Imaging test evidence of infection
☐ Wound spontaneously dehisces	☐ Vomiting	
☐ Abscess	☐ Dysuria	Clinical Diagnosis
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†]		☐ Physician diagnosis of this event type
		☐ Physician institutes appropriate antimicrobial therapy[†]

☐ Other signs & symptoms[†]

[†]per specific site criteria

*Detected: ☐ A (During admission)   ☐ P (Post-discharge surveillance)

☐ RF (Readmission to facility where procedure performed)

☐ 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.

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Pathogen #	Gram-positive Organisms						
_____	*Staphylococcus* coagulase-negative (specify species if available): _____	**VANC** S I R N					
_____	____*Enterococcus faecium* ____*Enterococcus faecalis* ____*Enterococcus* spp. (Only those not identified to the species level)	**DAPTO** S NS N	**GENTHL§** S R N	**LNZ** S I R N	**VANC** S I R N		
_____	*Staphylococcus aureus*	**CIPRO/LEVO/MOXI** S I R N	**CLIND** S I R N	**DAPTO** S NS N	**DOXY/MINO** S I R N	**ERYTH** S I R N	**GENT** S I R N **LNZ** S R N
		OX/CEFOX/METH S I R N	**RIF** S I R N	**TETRA** S I R N	**TIG** S NS N	**TMZ** S I R N	**VANC** S I R N

Pathogen #	Gram-negative Organisms						
_____	*Acinetobacter* (specify species) _____	**AMK** S I R N	**AMPSUL** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N **CIPRO/LEVO** S I R N	**COL/PB** S I R N
		GENT S I R N	**IMI** S I R N	**MERO/DORI** S I R N	**PIP/PIPTAZ** S I R N		**TETRA/DOXY/MINO** S I R N
		TMZ S I R N	**TOBRA** S I R N				
_____	*Escherichia coli*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N	**AZT** S I R N	**CEFAZ** S I R N **CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N	**CIPRO/LEVO/MOXI** S I R N	**COL/PB†** S R N	
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N **MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N			
_____	*Enterobacter* (specify species) _____	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N	**AZT** S I R N	**CEFAZ** S I R N **CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N	**CIPRO/LEVO/MOXI** S I R N	**COL/PB†** S R N	
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N **MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N			
_____	____*Klebsiella pneumonia* ____*Klebsiella oxytoca*	**AMK** S I R N	**AMP** S I R N	**AMPSUL/AMXCLV** S I R N	**AZT** S I R N	**CEFAZ** S I R N **CEFEP** S I/S-DD R N	**CEFOT/CEFTRX** S I R N
		CEFTAZ S I R N	**CEFUR** S I R N	**CEFOX/CTET** S I R N	**CIPRO/LEVO/MOXI** S I R N	**COL/PB†** S R N	
		ERTA S I R N	**GENT** S I R N	**IMI** S I R N **MERO/DORI** S I R N		**PIPTAZ** S I R N	**TETRA/DOXY/MINO** S I R N
		TIG S I R N	**TMZ** S I R N	**TOBRA** S I R N			

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Pathogen #	**Gram-negative Organisms (*continued*)**						
_____	*Pseudomonas aeruginosa*	**AMK** S I R N	**AZT** S I R N	**CEFEP** S I R N	**CEFTAZ** S I R N	**CIPRO/LEVO** S I R N	**COL/PB** S I R N	**GENT** S I R N
		IMI S I R N	**MERO/DORI** S I R N		**PIP/PIPTAZ** S I R N	**TOBRA** S I R N		

Pathogen #	**Fungal Organisms**						
_____	*Candida* (specify species if available) _____	**ANID** S I R N	**CASPO** S NS N	**FLUCO** S S-DD R N	**FLUCY** S I R 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 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R 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
AMP = ampicillin
AMPSUL = ampicillin/sulbactam
AMXCLV = amoxicillin/clavulanic acid
ANID = anidulafungin
AZT = aztreonam
CASPO = caspofungin
CEFAZ= cefazolin
CEFEP = cefepime
CEFOT = cefotaxime
CEFOX= cefoxitin
CEFTAZ = ceftazidime

CEFTRX = ceftriaxone
CEFUR= cefuroxime
CTET= cefotetan
CIPRO = ciprofloxacin
CLIND = clindamycin
COL = colistin
DAPTO = daptomycin
DORI = doripenem
DOXY = doxycycline
ERTA = ertapenem
ERYTH = erythromycin
FLUCO = fluconazole

FLUCY = flucytosine
GENT = gentamicin
GENTHL = gentamicin –high level test
IMI = imipenem
ITRA = itraconazole
LEVO = levofloxacin
LNZ = linezolid
MERO = meropenem
METH = methicillin
MICA = micafungin
MINO = minocycline
MOXI = moxifloxacin

OX = oxacillin
PB = polymyxin B
PIP = piperacillin
PIPTAZ = piperacillin/tazobactam
RIF = rifampin
TETRA = tetracycline
TIG = tigecycline
TMZ = trimethoprim/sulfamethoxazole
TOBRA = tobramycin
VANC = vancomycin
VORI = voriconazole

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Custom Fields

Label

_____   ____/____/____

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Label

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Comments