

## 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 <b>not</b> in-plan for Infection Surveillance in the MDRO/CDI Module	
*Date Admitted to Facility:	Location:
<b>Event Details</b>	
*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 &amp; Symptoms</u>	<u>Laboratory</u>
<input type="checkbox"/> Drainage or material <sup>†</sup> <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 <sup>†</sup> <input type="checkbox"/> Other signs & symptoms <sup>†</sup>	<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 <sup>†</sup> <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 <sup>†</sup>
†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):		<b>VANC</b> SIR N													
_____	_____ <i>Enterococcus faecium</i> _____ <i>Enterococcus faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)		<b>DAPTO</b> SNS N		<b>GENTHL<sup>s</sup></b> SR N		<b>LNZ</b> SIR N		<b>VANC</b> SIR N							
_____	<i>Staphylococcus aureus</i>		<b>CIPRO/LEVO/MOXI</b> SIR N		<b>CLIND</b> SIR N		<b>DAPTO</b> SNS N		<b>DOXY/MINO</b> SIR N		<b>ERYTH</b> SIR N		<b>GENT</b> SIR N		<b>LNZ</b> SR N	
			<b>OX/CEFOX/METH</b> SIR N		<b>RIF</b> SIR N		<b>TETRA</b> SIR N		<b>TIG</b> SNS N		<b>TMZ</b> SIR N		<b>VANC</b> SIR N			
Pathogen #	Gram-negative Organisms															
_____	<i>Acinetobacter</i> (specify species)		<b>AMK</b> SIR N		<b>AMPSUL</b> SIR N		<b>AZT</b> SIR N		<b>CEFEP</b> SIR N		<b>CEFTAZ</b> SIR N		<b>CIPRO/LEVO</b> SIR N		<b>COL/PB</b> SIR N	
			<b>GENT</b> SIR N		<b>IMI</b> SIR N		<b>MERO/DORI</b> SIR N		<b>PIP/PIPTAZ</b> SIR N		<b>TETRA/DOXY/MINO</b> SIR N					
			<b>TMZ</b> SIR N		<b>TOBRA</b> SIR N											
_____	<i>Escherichia coli</i>		<b>AMK</b> SIR N		<b>AMP</b> SIR N		<b>AMPSUL/AMXCLV</b> SIR N		<b>AZT</b> SIR N		<b>CEFAZ</b> SIR N		<b>CEFEP</b> S I/S-DD R N		<b>CEFOT/CEFTRX</b> SIR N	
			<b>CEFTAZ</b> SIR N		<b>CEFUR</b> SIR N		<b>CEFOX/CTET</b> SIR N		<b>CIPRO/LEVO/MOXI</b> SIR N		<b>COL/PB<sup>†</sup></b> SR N					
			<b>ERTA</b> SIR N		<b>GENT</b> SIR N		<b>IMI</b> SIR N		<b>MERO/DORI</b> SIR N		<b>PIPTAZ</b> SIR N		<b>TETRA/DOXY/MINO</b> SIR N			
			<b>TIG</b> SIR N		<b>TMZ</b> SIR N		<b>TOBRA</b> SIR N									
_____	<i>Enterobacter</i> (specify species)		<b>AMK</b> SIR N		<b>AMP</b> SIR N		<b>AMPSUL/AMXCLV</b> SIR N		<b>AZT</b> SIR N		<b>CEFAZ</b> SIR N		<b>CEFEP</b> S I/S-DD R N		<b>CEFOT/CEFTRX</b> SIR N	
			<b>CEFTAZ</b> SIR N		<b>CEFUR</b> SIR N		<b>CEFOX/CTET</b> SIR N		<b>CIPRO/LEVO/MOXI</b> SIR N		<b>COL/PB<sup>†</sup></b> SR N					
			<b>ERTA</b> SIR N		<b>GENT</b> SIR N		<b>IMI</b> SIR N		<b>MERO/DORI</b> SIR N		<b>PIPTAZ</b> SIR N		<b>TETRA/DOXY/MINO</b> SIR N			
			<b>TIG</b> SIR N		<b>TMZ</b> SIR N		<b>TOBRA</b> SIR N									
_____	_____ <i>Klebsiella pneumonia</i> _____ <i>Klebsiella oxytoca</i>		<b>AMK</b> SIR N		<b>AMP</b> SIR N		<b>AMPSUL/AMXCLV</b> SIR N		<b>AZT</b> SIR N		<b>CEFAZ</b> SIR N		<b>CEFEP</b> S I/S-DD R N		<b>CEFOT/CEFTRX</b> SIR N	
			<b>CEFTAZ</b> SIR N		<b>CEFUR</b> SIR N		<b>CEFOX/CTET</b> SIR N		<b>CIPRO/LEVO/MOXI</b> SIR N		<b>COL/PB<sup>†</sup></b> SR N					
			<b>ERTA</b> SIR N		<b>GENT</b> SIR N		<b>IMI</b> SIR N		<b>MERO/DORI</b> SIR N		<b>PIPTAZ</b> SIR N		<b>TETRA/DOXY/MINO</b> SIR N			
			<b>TIG</b> SIR N		<b>TMZ</b> SIR N		<b>TOBRA</b> SIR N									

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Pathogen #	Gram-negative Organisms ( <i>continued</i> )									
_____	<i>Pseudomonas aeruginosa</i>	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									
_____	<i>Candida</i> (specify species if available) _____	ANID S I R N	CASPO S N S N	FLUCO S S-DD R N	FLUCY S I R N	ITRA S S-DD R N	MICA S N S 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**

<sup>§</sup> **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

<sup>†</sup> **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 = ceftiofur	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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Custom Fields			
Label		Label	
_____	___/___/___	_____	___/___/___
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<b>Comments</b>			