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Exp. Date xx/xx/20xx
www.cdc.gov/nhsn

NHSN National Healthcare Safety Network

Outpatient Procedure Component
Surgical Site Infection (SSI) Event

This form is used for reporting data on each patient having a SSI event related to one of the NHSN operative procedures selected for monitoring.

 *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 of Encounter (MM/DD/YYYY):		

Surgical Site Infection (SSI)

*Event Type: _____

*Date of SSI: ___/____/____ Primary CPT Code:_____ *NHSN Procedure Code: _____

*SSI Level:

☐ Superficial Incisional Primary (SIP) ☐ Deep Incisional Primary (DIP) ☐ Organ/Space

☐ Superficial Incisional Secondary (SIS) ☐ Deep Incisional Secondary (DIS)

*Specify SSI Criteria Used (check all that apply):

Signs & Symptoms

☐ Abscess

☐ Erythema or redness

☐ Fever (>38°C)

☐ Heat

☐ Incision deliberately opened/drained

☐ Localized swelling

☐ Pain or tenderness

☐ Purulent drainage

☐ Wound spontaneously dehisces

☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam

Laboratory

☐ Organism(s) identified

☐ Culture or non-culture based testing not performed

☐ Imagining test evidence of infection

Clinical Diagnosis

☐ Diagnosis of superficial SSI by surgeon or attending physician

*Pathogens Identified: ☐ Yes ☐ No

If Yes, indicate up to 3 pathogens: _____ _____ _____

Continue >>>

SSI Event Detected:

*How did the outpatient facility (where the procedure was originally performed) detect/identify the SSI event?
(select the method that *most closely resembles* the method of detection/identification)

The SSI was detected through the facility's formal active surveillance process:

- ☐ Review of patient's medical record
- ☐ Post-discharge surgeon survey
- ☐ Post-discharge patient letter
- ☐ Post-discharge patient phone call
- ☐ Patient returns to outpatient facility for follow-up
- ☐ Cooperative infection prevention process between facilities

The SSI was detected through a passive process that was not initiated by the facility:

- ☐ Patient/caregiver contacts facility to report
- ☐ Surgeon contacts facility to report
- ☐ Report from another facility (inpatient, health department, emergency department, etc.)

Custom Fields

Label			Label	
_____	___ / ___ / ___		_____	___ / ___ / ___
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