



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.

Instructions for this form are available at: <https://www.cdc.gov/nhsn/forms/instr/57.405-toi.pdf>.

Page 1 of 2		*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:
Sex at Birth: F M Unknown		Gender Identity (Specify):
Ethnicity (Specify):		Race (Specify):
*Date of Encounter (MM/DD/YYYY):		
Surgical Site Infection (SSI)		
*Event Type: <u>SSI</u>		
*Date of Event: ___/___/___ *Primary CPT Code: _____ *NHSN Procedure Code: _____		
*SSI Level:		
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Organ/Space <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Deep Incisional Secondary (DIS)		
*Specify SSI Criteria Used (check all that apply):		
<u>Signs & Symptoms</u>		<u>Laboratory</u>
<input type="checkbox"/> Abscess <input type="checkbox"/> Localized swelling <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Fever (>38°C) <input type="checkbox"/> Purulent drainage <input type="checkbox"/> Heat <input type="checkbox"/> Wound spontaneously dehisced <input type="checkbox"/> Incision deliberately opened/drained <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam		<input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Imaging test evidence of infection
		<u>Clinical Diagnosis</u>
		<input type="checkbox"/> Diagnosis of superficial SSI by surgeon or physician
*Pathogens Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, indicate up to 3 pathogens: _____		
Continue>>>		
<small>Assurance of Confidentiality: The 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)).</small>		
<small>Public reporting burden of this collection of information is estimated to average 8 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).</small>		
CDC 57.405 (Front), v8.8		

SSI Event Detected:																									
<p>*How did the ASC facility (where the procedure was originally performed) detect/identify the SSI event? (select the method that <i>most closely resembles</i> the method of detection/identification)</p>																									
<p>The SSI was detected through the facility's ACTIVE surveillance process:</p> <p><input type="checkbox"/> Review of patient's medical record</p> <p><input type="checkbox"/> Post-discharge surgeon survey</p> <p><input type="checkbox"/> Post-discharge patient letter</p> <p><input type="checkbox"/> Post-discharge patient phone call</p> <p><input type="checkbox"/> Cooperative infection prevention process between facilities</p>	<p>The SSI was detected through a PASSIVE surveillance process that was not initiated by the facility:</p> <p><input type="checkbox"/> Patient/caregiver contacts facility to report</p> <p><input type="checkbox"/> Patient returns to outpatient facility for follow-up</p> <p><input type="checkbox"/> Surgeon contacts facility to report</p> <p><input type="checkbox"/> Report from another facility (inpatient, health department, emergency department, etc.)</p>																								
Custom Fields																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Label</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> </tbody> </table>	Label		_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Label</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> <tr><td>_____</td><td style="text-align: center;">___ / ___ / ___</td></tr> </tbody> </table>	Label		_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___	_____	___ / ___ / ___
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