

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:
Sex at Birth: F M Unknown	Gender Identity (Specify):
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): <u>Signs & Symptoms</u> ☐ Drainage or material[†] ☐ Sinus tract ☐ Pain or tenderness ☐ Hypothermia ☐ Swelling or inflammation ☐ Apnea ☐ Erythema or redness ☐ Bradycardia ☐ Heat ☐ Lethargy ☐ Fever ☐ Cough ☐ Incision deliberately opened/drained ☐ Nausea ☐ Wound spontaneously dehisces ☐ Vomiting ☐ Abscess ☐ Dysuria ☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam[†] ☐ Other signs & symptoms[†] <u>Laboratory</u> ☐ Organism(s) identified ☐ Culture or non-culture based testing not performed ☐ Organism(s) identified from blood specimen ☐ Organism(s) identified from ≥ 2 periprosthetic specimens ☐ Other positive laboratory tests[†] ☐ Imaging test evidence of infection <u>Clinical Diagnosis</u> ☐ Physician diagnosis of this event type ☐ Physician institutes appropriate antimicrobial therapy[†]	
†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.
*COVID-19: Yes No	
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	

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Pathogen #	Gram-positive Organisms									
	<i>Staphylococcus</i> coagulase- negative (specify species if available):	CEFOX/OX SRN	VANC S IRN							
	_____ <i>Enterococcus</i> <i>faecium</i> _____ <i>Enterococcus</i> <i>faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S I/S-DD NS R N	GENTHL[§] SRN	LNZ S IRN	VANC S IRN					
	<i>Staphylococcus</i> <i>aureus</i>	CEFOX/METH/ OX SRN	CEFTAR S S-DD I RN	CIPRO/LEVO/MOXI S IRN	CLIND S IRN	DAPTO SNSN	DOXY/MINO S IRN	GENT S IRN		
		LNZ SRN	RIF S IRN	TETRA S IRN	TMZ S IRN	VANC S IRN				
Pathogen #	Gram-negative Organisms									
	<i>Acinetobacter</i> (specify species) _____	AMK S IRN	AMPSU L S IRN	CEFE P S IRN	CEFTAZ/CEFOT/ CEFTRX S IRN	CIPRO/ LEVO S IRN	COL/ PB SRN	DORI/ MERO S IRN		
		DOXY/ MINO S IRN	GENT S IRN	IMI S IRN	PIPTAZ S IRN	TMZ S IRN	TOBRA S IRN			
	<i>Escherichia coli</i>	AMK S IRN	AMP S IRN	AMPSUL/ AMXCLV S IRN	AZT S IRN	CEFAZ S IRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX S IRN		
		CEFTAV I S IRN	CEFTA Z S IRN	CEFTOTAZ S IRN	CIPRO/LEVO/ MOXI S IRN	COL/PB[†] IRN	DORI/IMI/ MERO S IRN	DOXY/MINO/ TETRA S IRN		
		ERTA S IRN	GENT S IRN	IMIREL S IRN	MERVAB S IRN	PIPTAZ S IRN	TIG S IRN	TMZ S IRN		
		TOBRA S IRN								
	<i>Enterobacter</i> (specify species) _____	AMK S IRN	AZT S IRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX S IRN	CEFTAVI SRN	CEFTAZ S IRN	CEFTOTAZ S IRN		
		CIPRO/LEVO/MOXI S IRN	COL/PB[†] IRN	DORI/IMI/MERO S IRN	DOXY/MINO/TETRA S IRN	ERTA S IRN	GENT S IRN	IMIREL S IRN		
		MERVAB S IRN	PIPTAZ S IRN	TIG S IRN	TMZ S IRN	TOBRA S IRN				

Pathogen #	Safety Network Gram-negative Organisms (continued)									
	____ <i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/ AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD R N	CEFOT/CEFTRX SIRN	CEFTAV I SIRN		
	____ <i>Klebsiella oxytoca</i>	CEFTA Z SIRN	CEFTOTAZ SIRN	CIPRO/LEVO/ MOXI SIRN	COL/PB [†] IRN	DORI/IMI/ MERO SIRN	DOXY/MINO/ TETRA SIRN	ERTA SIRN		
	____ <i>Klebsiella aerogenes</i>	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN		
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTAZ SIRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN		
		COL/PB SIRN	DORI/IMI/MERO SIRN	GENT SIRN	PIPTAZ SIRN	TOBRA SIRN				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO SIRN	FLUCO SS-DD R N	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

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 are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:			
AMK = amikacin	CEFTAR = ceftaroline	GENT = gentamicin	OX = oxacillin
AMP = ampicillin	CEFTAVI = ceftazidime/avibactam	GENTHL = gentamicin –high level test	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTOTAZ = ceftolozane/tazobactam	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
AMXCLV = amoxicillin/clavulanic acid	CEFTRX = ceftriaxone	IMIREL = imipenem/relebactam	RIF = rifampin
ANID = anidulafungin	CIPRO = ciprofloxacin	LEVO = levofloxacin	TETRA = tetracycline
AZT = aztreonam	CLIND = clindamycin	LNZ = linezolid	TIG = tigecycline
CASPO = caspofungin	COL = colistin	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFAZ= cefazolin	DAPTO = daptomycin	MERVAB = meropenem/vaborbactam	TOBRA = tobramycin
CEFEP = cefepime	DORI = doripenem	METH = methicillin	VANC = vancomycin
CEFOT = cefotaxime	DOXY = doxycycline	MICA = micafungin	VORI = voriconazole
CEFOX= cefoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



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Custom Fields							
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Comments							