NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Denominator for Procedure

*required for saving

Facility ID	Procedure #:
*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): Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (Specify): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond
Language: (Specify)	Interpreter Needed: Yes No Declined to Respond Unknown
Event Type: PROC	*NHSN Procedure Code:
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:

Procedure Details

*Outpatient: Yes No

*Wound Class: C CC CO D

ASA Score: 1 2 3 4 5

*Trauma: Yes No *Scope: Yes No

*Height: _____feet _____inches

(choose one) _____meters
*Weight: _____lbs/kg (circle one)

*Duration: _____Hours _____Minutes

*General Anesthesia: Yes No

*Emergency: Yes No

*Diabetes Mellitus: Yes No

*Closure Technique: Primary Other than primary

Surgeon Code: _____

CSEC: *Duration of Labor: _____hours

Circle one: FUSN
*Spinal Level (check one)

- ☐ Atlas-axis
- ☐ Atlas-axis/Cervical
- ☐ Cervical
- ☐ Cervical/Dorsal/Dorsolumbar
- ☐ Dorsal/Dorsolumbar

*Approach/Technique (check one)

- ☐ Anterior
- ☐ Posterior
- ☐ Anterior and Posterior

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☐ Lumbar/Lumbosacral	

Circle one: HPRO KPRO

ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: _____

*Check one: ☐ Total ☐ Hemi ☐ Resurfacing (HPRO only)

If Total: ☐ Total Primary ☐ Total Revision

If Hemi: ☐ Partial Primary ☐ Partial Revision

If Resurfacing (HPRO only): ☐ Total Primary ☐ Partial Primary

*If total or partial revision, was the revision associated with prior infection at index joint? ☐ Yes ☐ No

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Custom Fields	
Label	Label
_____ ___/____/_____	_____ ___/____/_____
_____ ___/____/_____	_____ ___/____/_____
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Comments	

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