Form Approved
OMB No. 0920-0666
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www.cdc.gov/nhsn

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.

 *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): 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): (Select all that apply): 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
Preferred Language (Specify)	Interpreter Needed: Y/N Declined to Respond Unknown
*Date of Encounter (MM/DD/YYYY):	

Surgical Site Infection (SSI)

*Event Type: SSI

*Date of Event: ___/____/____ *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
☐ Localized swelling
☐ Erythema or redness
☐ Pain or tenderness
☐ Fever (>38°C)
☐ Purulent drainage
☐ Heat
☐ Sinus tract
☐ Incision deliberately opened/drained
☐ Wound spontaneously dehisced

Laboratory

☐ Organism(s) identified
☐ Culture or non-culture-based testing not performed
☐ Imaging test evidence of infection
☐ Organism(s) identified ≥ periprosthetic specimens

☐ Other positive laboratory test

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

Clinical Diagnosis

☐ Diagnosis of superficial SSI by surgeon or physician

*Pathogens Identified: ☐ Yes ☐ No

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

Continue>>>

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 40 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.405

SSI Event Detected:

*How did the ASC 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 **ACTIVE** surveillance process**:**

☐ Review of patient's medical record
☐ Post-discharge surgeon survey
☐ Post-discharge patient letter
☐ Post-discharge patient phone call
☐ Cooperative infection prevention process between facilities

The SSI was detected through a **PASSIVE** surveillance process that was not initiated by the facility:

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

Custom Fields

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