NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2027
www.cdc.gov/nhsn

Surgical Site Infection (SSI)

*required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Sex: F M	*Date of Birth:
Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond	Race (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
Language: (Specify)	Interpreter Needed: Yes No Declined to Respond Unknown
*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):

Signs & Symptoms

☐ Drainage or material†
☐ Pain or tenderness
☐ Swelling or inflammation
☐ Erythema or redness
☐ Heat
☐ Fever
☐ Incision deliberately opened/drained
☐ Wound spontaneously dehisces
☐ Abscess
☐ Sinus tract
☐ Hypothermia
☐ Apnea
☐ Bradycardia
☐ Lethargy
☐ Cough
☐ Nausea
☐ Vomiting
☐ Dysuria

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

☐ Other signs & symptoms†

Laboratory

☐ 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

Clinical Diagnosis

☐ 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)

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*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 If Yes: ☐Confirmed ☐Suspected	

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

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

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

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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

Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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Comments