

Denominator for Procedure

Page 1 of 2

*required for saving

Facility ID	Procedure #:	
*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 (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: (Select all that apply)	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		
<div> <div> *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) </div> <div> *Duration: _____Hours _____Minutes *General Anesthesia: Yes No *Emergency: Yes No *Diabetes Mellitus: Yes No *Closure Technique: Primary Other than primary Surgeon Code: _____ </div> </div>		
CSEC: *Duration of Labor: _____hours		
Circle one: FUSN *Spinal Level (check one) <input type="checkbox"/> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbosacral	*Approach/Technique (check one) <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior and Posterior	
Circle one: HPRO KPRO ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: _____ *Check one: <input type="checkbox"/> Total <input type="checkbox"/> Hemi <input type="checkbox"/> Resurfacing (HPRO only) If Total: <input type="checkbox"/> Total Primary <input type="checkbox"/> 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

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)). CDC 57.121 Rev (NHSN 12.1 4/13/2024). Public reporting burden of this collection of information is estimated to average 14 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).

Denominator for Procedure

Custom Fields

Label

_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

Label

_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

Comments

Custom Fields