



Surgical Site Infection (SSI)

*required for saving	**required for completion	
Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: F M	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
*Event Type: SSI	*Date of Event:	
*NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*Date of Procedure:	*Outpatient Procedure: Yes No	
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module		
<input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDAD Module		
*Date Admitted to Facility:	Location:	
Event Details		
*Specific Event:		
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Deep Incisional Secondary (DIS) <input type="checkbox"/> Organ/Space (specify site): _____		
*Specify Criteria Used (check all that apply):		
Signs & Symptoms		
<input type="checkbox"/> Purulent drainage or material <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Localized swelling <input type="checkbox"/> Redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened by surgeon <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Cough <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Dysuria <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery, or by diagnostic tests [‡] <input type="checkbox"/> Other signs & symptoms [‡]		
Laboratory		
<input type="checkbox"/> Positive culture <input type="checkbox"/> Not cultured <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Blood culture not done or no organisms detected in blood <input type="checkbox"/> Positive Gram stain when culture is negative or not done <input type="checkbox"/> Other positive laboratory tests [‡] <input type="checkbox"/> Radiographic evidence of infection		
Clinical Diagnosis		
<input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy [‡]		
[‡] per organ/space specific site criteria		
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> R (Readmission)		
*Secondary Bloodstream Infection: Yes No		
**Died: Yes No	SSI Contributed to Death: Yes No	
Discharge Date:	*Pathogens Identified: Yes No	
*If Yes, specify on page 2		

Pathogen #	Gram positive Organisms									
	Coagulase-negative staphylococci (specify): VANC SIRN									
	<i>Enterococcus faecalis</i>	AMP SIRN	DAPTO SIRN	LNZ SIRN	PENG SIRN	VANC SIRN				
	<i>Enterococcus faecium</i>	AMP SIRN	DAPTO SIRN	LNZ SIRN	PENG SIRN	QUIDAL SIRN	VANC SIRN			
	<i>Staphylococcus aureus</i>	CLIND SIRN	DAPTO SIRN	ERYTH SIRN	GENT SIRN	LNZ SIRN	OX SIRN	QUIDAL SIRN	RIF SIRN	TMZ SIRN
Pathogen #	Gram negative Organisms									
	<i>Acinetobacter</i> spp. (specify)	AMK SIRN	AMPSUL SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO SIRN	GENT SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Escherichia coli</i>	AMK SIRN	CEFEP SIRN	CEFOT SIRN	CEFTAZ SIRN	CEFRX SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Enterobacter</i> spp. (specify)	AMK SIRN	CEFEP SIRN	CEFOT SIRN	CEFTAZ SIRN	CEFRX SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Klebsiella oxytoca</i>	AMK SIRN	CEFEP SIRN	CEFOT SIRN	CEFTAZ SIRN	CEFRX SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Klebsiella pneumoniae</i>	AMK SIRN	CEFEP SIRN	CEFOT SIRN	CEFTAZ SIRN	CEFRX SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Serratia marcescens</i>	AMK SIRN	CEFEP SIRN	CEFOT SIRN	CEFTAZ SIRN	CEFRX SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	CEFEP SIRN		CEFTAZ SIRN	CIPRO SIRN	IMI SIRN	LEVO SIRN	MERO SIRN	PIP SIRN
	<i>Stenotrophomonas maltophilia</i>	TMZ SIRN								
Pathogen #	Other Organisms									
	Organism 1 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 2 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 3 (specify)	Drug 1 SIRN	Drug 2 SIRN	Drug 3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

AMP = ampicillin

AMPSUL= ampicillin/sulbactam

CEFEP = cefepime

CEFTAZ = ceftazidime

CEFTRX = ceftriaxone

CIPRO = ciprofloxacin

CLIND = clindamycin

ERYTH=erythromycin

GENT=gentamicin

IMI = imipenem

LEVO = levofloxacin

MERO = meropenem

OX = oxacillin

PENG = penicillin G

PIP = piperacillin

QUIDAL= quinupristin/dalfopristin

RIF = rifampin

TMZ =trimethoprim/sulfamethoxazole

TOBRA = tobramycin

VANC = vancomycin

Result Codes:

S = Susceptible

I = Intermediate

R = Resistant

N = not tested



Surgical Site Infection (SSI)

Custom Fields

Label

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

Label

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

Comments