

Denominator for Procedure

Facility ID	Procedure #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
Event Type: PROC	*NHSN Procedure Code:	
*Date of Procedure:	ICD-9-CM Procedure Code:	

Procedure Details

*Outpatient: Yes No	*Duration: _____ Hours _____ Minutes
*Wound Class: C CC CO D U	*General Anesthesia: Yes No
ASA Score: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No	*Endoscope: Yes No
Surgeon Code: _____	
*Implant: Yes No	

CSEC:

*Height: _____ feet _____ inches (choose one) _____ meters	*Weight: _____ lbs/kg (circle one)	*Duration of Labor: _____ hours
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<p>Circle one: FUSN RFUSN</p> <p>*Spinal Level (check one)</p> <p><input type="checkbox"/> Atlas-axis</p> <p><input type="checkbox"/> Atlas-axis/Cervical</p> <p><input type="checkbox"/> Cervical</p> <p><input type="checkbox"/> Cervical/Dorsal/Dorsolumbar</p> <p><input type="checkbox"/> Dorsal/Dorsolumbar</p> <p><input type="checkbox"/> Lumbar/Lumbosacral</p> <p><input type="checkbox"/> Not specified</p>	<p>*Diabetes Mellitus: Yes No</p> <p>*Approach/Technique (check one)</p> <p><input type="checkbox"/> Anterior</p> <p><input type="checkbox"/> Posterior</p> <p><input type="checkbox"/> Anterior and Posterior</p> <p><input type="checkbox"/> Lateral transverse</p> <p><input type="checkbox"/> Not specified</p>
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*HPRO: (check one) _____ Total Primary _____ Partial Primary _____ Total Revision _____ Partial Revision

*KPRO: (check one) _____ Primary (Total) _____ Revision (Total or Partial)

Custom Fields

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

Assurance of Confidentiality: The 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 8 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.121 Rev. 4, NHSN v6.6