NHSN National Healthcare Safety Network

Denominator for Custom Procedure

* required for saving

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

Procedure Details

*Outpatient: Yes No

Surgeon Code:_____

*ASA Score: 1 2 3 4 5

*Duration: _____hours _____minutes

*Wound Class: C CC CO D U

*Diabetes Mellitus: Yes No

*Height: _____ feet _____inches

or _____ meters (choose one)

*Weight: _____ lbs / kgs (circle one)

Custom Fields

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

Comments

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)).