Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

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:
*Gender: F M Other	*Date of Birth:
Sex at Birth: F M Unknown	Gender Identity (Specify):
Ethnicity (Specify):	Race (Specify):
*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)
☐ Superficial Incisional Secondary (SIS)
☐ Organ/Space (specify site): _____
☐ Deep Incisional Primary (DIP)
☐ Deep Incisional Secondary (DIS)

*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)

*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*	**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		
	____*Klebsiella oxytoca*	**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		
	____*Klebsiella aerogenes*	**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
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	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments