2022 NHSN Skin and Soft Tissue (SST) Infection Checklist

Documentation Review Checklist			
SST-SKIN AND SOFT TISSUE INFECTION BRST-Breast infection or mastitis			
Element	Element Met	Date	
A breast abscess or mastitis must meet at least <u>one</u> of the following criteria:			
 Patient has organism(s) identified from affected breast tissue or fluid obtained by invasive procedure by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). 			
Patient has a breast abscess or other evidence of infection on gross anatomic or histopathologic exam.			
3. Patient has fever (>38.0°C) and local inflammation of the breast AND			
Physician initiates antimicrobial therapy within 2 days of onset or worsening of symptoms.			
Reporting instructions:			
 For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a supand if the infection involves the muscle/fascial level report as a deep incisional SSI. BRST Criterion 3, above, cannot meet organ/space Surgical Site Infections. 	oerficial inci	isional SSI,	

BURN-Burn infection		
Element	Element Met	Date
Burn infections must meet the following criteria:	·	
 Patient has a change in burn wound appearance or character, such as rapid eschar separation, or dark brown, black, or violaceous discoloration of the eschar 		
AND Organism(s) identified from blood by a culture or non-culture based microbiologic testing		
method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).		
Reporting instruction:		
 Report BURN in the setting of an infected burn covered with a temporary graft or dressing. In the setting of a permanent skin graft (autograft) over a burn wound, use the SKIN or ST 		



SST-SKIN AND SOFT TISSUE INFECTION			
CIRC-Newborn circumcision infection			
Element	Element Met	Date	
Circumcision infection in a newborn (≤ 30 days old) must meet at least one of the following criteria			
Newborn has purulent drainage from circumcision site.			
2. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:			
Erythema*			
• Swelling*			
• Tenderness*			
AND			
 Pathogen identified from circumcision site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). 			
3. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:	1		
Erythema*			
Swelling*			
• Tenderness*			
AND			
Common commensal is identified from circumcision site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST)			
AND			
Physician initiates antimicrobial therapy within <u>two</u> days on onset or worsening of symptoms.			
*With no other recognized cause documented by physician			



SST-SKIN AND SOFT TISSUE INFECTION

SKIN-Skin infection (skin and/or subcutaneous) excluding decubitus ulcers, burns, and infections at vascular access sites (see VASC definition)

Element	Element	Date
	Met	
Skin infections must meet at least <u>one</u> of the following criteria:		
 Patient has at least <u>one</u> of the following: 		
Purulent drainage		
 Pustules 		
 Vesicles 		
Boils (excluding acne)		
2. Patient has at least <u>two</u> of the following localized signs or symptoms:		
Pain* or tenderness*		
Swelling*		
Erythema*		
• Heat*		
AND at least one of the following:		
a. Organism(s) identified from aspirate or drainage from affected site by a culture or		
non-culture based testing method, which is performed for purposes of clinical		
diagnosis and treatment for example, not Active Surveillance Culture/Testing		
(ASC/AST). Identification of 2 or more common commensal organisms without a		
recognized pathogen is not eligible for use. Common Commensal organisms include,		
but not are not limited to, diphtheroids (Corynebacterium spp. not C. diphtheria),		
Bacillus spp. (not B. anthracis), Propionibacterium spp., coagulase-negative		
staphylococci (including <i>S. epidermidis</i>), viridans group streptococci, <i>Aerococcus</i>		
spp., <i>Micrococcus</i> spp., and <i>Rhodococcus</i> spp. For a full list of Common Commensals		
see the Common Commensal tab of the NHSN organisms list.		
b. Multinucleated giant cells seen on microscopic examination of affected tissue.		
c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for		
organism.		
*IAlish no other recognized acres documented by the initial		
*With no other recognized cause documented by physician		

Reporting instructions:

- Do not report acne as a skin/soft tissue HAI.
- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definition (not SKIN) for the following:
 - o Report omphalitis in infants as UMB.
 - o Report infections of the circumcision site in newborns as CIRC.
 - o For decubitus ulcers, apply the DECU infection.
 - o Report infected burns as BURN.
 - o Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
 - Report breast abscesses or mastitis as BRST.
 - Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, meeting LCBI criteria, which should instead be reported as an LCBI (see VASC definition).



SST-SKIN AND SOFT TISSUE INFECTION

ST-Soft tissue infection (muscle and/or fascia [for example, necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis, lymphadenitis, lymphangitis, or parotitis]) excluding decubitus ulcers, burns, and infections at vascular access sites (see VASC)

Element	Element Met	Date
Soft tissue infections must meet at least <u>one</u> of the following criteria:		
 Patient has organism(s) identified from tissue or drainage from affected site by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). 		
2. Patient has purulent drainage at affected site.		
Patient has an abscess or other evidence of infection on gross anatomic or histopathologic exam.		

Reporting instructions:

- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definitions identified below (not ST) for the following:
 - o Report infected decubitus ulcers as DECU.
 - o Report infected burns as BURN.
 - Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
 - o Report infection of deep pelvic tissues as OREP.
 - Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, then it should be reported as an LCBI (see VASC definition).

SST-SKIN AND SOFT TISSUE INFECTION DECU-Decubitus ulcer infection (also known as pressure injury infection), including both superficial and deep infections **Element** Element Date Met Decubitus ulcer infections must meet the following criterion: 1. Patient has at least **two** of the following signs or symptoms: Erythema* П Tenderness* Swelling of decubitus wound edges* AND Organism(s) identified from needle aspiration of fluid or biopsy of tissue from ulcer margin by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). *With no other recognized cause documented by physician



SST-SKIN AND SOFT TISSUE INFECTION		
UMB-Omphalitis		
Element	Element Met	
Omphalitis in a newborn (≤ 30 days old) must meet at least <u>one</u> of the following criteria:		
 Patient has erythema or drainage from umbilicus 		
AND at least one of the following:		
 a. Organism(s) identified from drainage or needle aspirate by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). 		
 Drganism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). 		
2. Patient has erythema <u>and</u> purulence at the umbilicus.		
Reporting instructions:		
 Report infection of the umbilical artery or vein related to umbilical catheterization as VASC if there is accompanying organism identified from blood specimen. 	no	
 If the patient meets criteria for LCBI, report as a LCBI (see VASC definition). 		

