

Surgical Site Infection (SSI)

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*required for saving **required for completion

Facility ID:		Event #:									
*Patient ID:		Social Security #:									
Secondary ID:		Medicare #:									
Patient Name, Last:		First:	Middle:								
*Sex: F M		*Date of Birth:									
Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond		Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond									
Language: (Specify)		Interpreter Needed: Yes No Declined to Respond Unknown									
*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: <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> 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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Organ/Space (specify site): _____ </div> <div> <input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Deep Incisional Secondary (DIS) </div> </div>											
*Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No											
*Specify Criteria Used (check all that apply): <table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Signs & Symptoms</th> <th style="text-align: left; border-bottom: 1px solid black;">Laboratory</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Drainage or material[†] <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened/drained <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†] </td> <td style="vertical-align: top;"> <input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens <input type="checkbox"/> Other positive laboratory tests[†] <input type="checkbox"/> Imaging test evidence of infection </td> </tr> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Clinical Diagnosis</th> <td></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Other signs & symptoms[†] </td> <td style="vertical-align: top;"> <input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy[†] </td> </tr> </table>				Signs & Symptoms	Laboratory	<input type="checkbox"/> Drainage or material [†] <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened/drained <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†]	<input type="checkbox"/> Organism(s) identified <input type="checkbox"/> Culture or non-culture based testing not performed <input type="checkbox"/> Organism(s) identified from blood specimen <input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens <input type="checkbox"/> Other positive laboratory tests [†] <input type="checkbox"/> Imaging test evidence of infection	Clinical Diagnosis		<input type="checkbox"/> Other signs & symptoms [†]	<input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy [†]
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[†] per specific site criteria											
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> RF (Readmission to facility where procedure performed) <input type="checkbox"/> 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: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected					
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)). Public reporting burden of this collection of information is estimated to average 14 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.120 (Front) Rev 7, v8.6					

Pathogen #	Gram-positive Organisms													
	<i>Staphylococcus</i> coagulase-negative (specify species if available):	CEFOX/OX S R N		VANC S R N										
	_____ <i>Enterococcus faecium</i> _____ <i>Enterococcus faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)	DAPTO S S-DD NS R N		GENTHL [§] S R N		LNZ S R N		VANC S R N						
	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI S R N		CEFOX/METH/OX S R N		CEFTAR S S-DD I R		CLIND S R N		DAPTO S NS N	DOXY/MINO S R N	GENT S R N		
		LNZ S R N		RIF S R N		TETRA S R N		TMZ S R N		VANC S R N				
Pathogen #	Gram-negative Organisms													
	<i>Acinetobacter</i> (specify species) _____	AMK S R N		AMPSUL S R N		CEFTAZ/CEFOT/CEFTRX S R N		CEFEP S R N		CIPRO/LEVO S R N		COL/PB S R N	DORI/MERO S R N	
		DOXY/MINO S R N		GENT S R N		IMI S R N		PIPTAZ S R N		TMZ S R N		TOBRA S R N		
	<i>Escherichia coli</i>	AMK S R N		AMP S R N		AMPSUL/AMXCLV S R N		AZT S R N		CEFAZ S R N		CEFTAZ S R N		CEFOT/CEFTRX S R N
		CEFEP S I/S-DD R N		CEFTAVI S R N		CEFTOTAZ S R N		CIPRO/LEVO/MOXI S R N		COL/PB [†] I R N		DORI/IMI/MERO S R N		DOXY/MINO/TETRA S R N
		ERTA S R N		GENT S R N		IMIREL S R N		MERVAB S R N		PIPTAZ S R N		TIG S R N		TMZ S R N
		TOBRA S R N												
	<i>Enterobacter</i> (specify species) _____	AMK S R N		AZT S R N		CEFTAZ S R N		CEFOT/CEFTRX S R N		CEFEP S I/S-DD R N		CEFTAVI S R N		CEFTOTAZ S R N
		CIPRO/LEVO/MOXI S R N		COL/PB [†] I R N		DORI/IMI/MERO S R N		DOXY/MINO/TETRA S R N		ERTA S R N		GENT S R N		IMIREL S R N
		MERVAB S R N		PIPTAZ S R N		TIG S R N		TMZ S R N		TOBRA S R N				

Pathogen #	Gram-negative Organisms (continued)									
	____ <i>Klebsiella pneumoniae</i>	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		
	____ <i>Klebsiella oxytoca</i>	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		
	____ <i>Klebsiella aerogenes</i>	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		
	<i>Pseudomonas aeruginosa</i>	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									
	<i>Candida</i> (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= ceftoxitin	ERTA = ertapenem	MINO = minocycline	
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

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Custom Fields

Label

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Comments