

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:
*Gender: F M Other	*Date of Birth:
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:	
<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:	
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Deep Incisional Primary (DIP)	
<input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Deep Incisional Secondary (DIS)	
<input type="checkbox"/> Organ/Space (specify site): _____	
*Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Specify Criteria Used (check all that apply):	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="text-align: center;"><u>Signs & Symptoms</u></p> <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"/> Other signs & symptoms[†] </div> <div style="width: 30%;"> <p style="text-align: center;"><u>Laboratory</u></p> <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 </div> <div style="width: 30%;"> <p style="text-align: center;"><u>Clinical Diagnosis</u></p> <input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy[†] </div> </div>	
<input type="checkbox"/> Sinus tract <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Cough <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Dysuria	
<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"/> Other signs & symptoms [†]	
†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	
<small>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 35 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 57.120 (Front) Rev 7, v8.6</small>	

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

Pathogen #	Gram-negative Organisms (continued)									
	_____ <i>Klebsiella pneumoniae</i>	AMK SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFTAZ SIRN	CEFOT/CEFTRX SIRN	CEFEP S I/S- DD R N		
	_____ <i>Klebsiella oxytoca</i>	CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB† IRN	DORI/IMI/MERO SIRN	DOXY/MINO/TETRA SIRN	ERTA SIRN		
	_____ <i>Klebsiella aerogenes</i>	GENT SIRN	IMIREL SIRN	MERVAB SIRN	PIPTAZ SIRN	TIG SIRN	TMZ SIRN	TOBRA SIRN		
	<i>Pseudomonas aeruginosa</i>	AMK SIRN	AZT SIRN	CEFTAZ SIRN	CEFEP SIRN	CEFTAVI SRN	CEFTOTAZ SIRN	CIPRO/LEVO SIRN		
		COL/PB SIRN	DORI/IMI/MERO SIRN	GENT SIRN	PIPTAZ SIRN	TOBRA SIRN				
Pathogen #	Fungal Organisms									
	<i>Candida</i> (specify species if available) _____	ANID SIRN	CASPO SIRN	FLUCO SS-DD R N	MICA SIRN	VORI SIRN				
Pathogen #	Other Organisms									
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN
	Organism 1 (specify) _____	Drug 1 SIRN	Drug2 SIRN	Drug3 SIRN	Drug 4 SIRN	Drug 5 SIRN	Drug 6 SIRN	Drug 7 SIRN	Drug 8 SIRN	Drug 9 SIRN

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	
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Comments			