

2019 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
A breast abscess or mastitis must meet at least one of the following criteria:	
1. 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).	<input type="checkbox"/>
2. Patient has a breast abscess or other evidence of infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Reporting instructions: <ul style="list-style-type: none"> For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a superficial incisional SSI, and 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. 	

SST-SKIN AND SOFT TISSUE INFECTION	
BURN-Burn infection	
Element	Element Met
Burn infections must meet the following criteria:	
1. 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).	<input type="checkbox"/>

SST-SKIN AND SOFT TISSUE INFECTION	
CIRC-Newborn circumcision infection	
Element	Element Met
Circumcision infection in a newborn (≤ 30 days old) must meet at least <u>one</u> of the following criteria:	
1. Newborn has purulent drainage from circumcision site.	<input type="checkbox"/>
2. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:	
• Erythema*	<input type="checkbox"/>
• Swelling*	<input type="checkbox"/>
• Tenderness*	<input type="checkbox"/>
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).	<input type="checkbox"/>
3. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:	
• Erythema*	<input type="checkbox"/>
• Swelling*	<input type="checkbox"/>
• Tenderness*	<input type="checkbox"/>
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)	<input type="checkbox"/>
AND	
Physician initiates antimicrobial therapy within <u>two</u> days on onset or worsening of symptoms.	<input type="checkbox"/>
<i>*With no other recognized cause</i>	

SST-SKIN AND SOFT TISSUE INFECTION	
DECU-Decubitus ulcer infection (also known as pressure injury infection), including both superficial and deep infections	
Element	Element Met
Decubitus ulcer infections must meet the following criterion:	
1. Patient has at least <u>two</u> of the following signs or symptoms:	
• Erythema*	<input type="checkbox"/>
• Tenderness*	<input type="checkbox"/>
• Swelling of decubitus wound edges*	<input type="checkbox"/>
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).	<input type="checkbox"/>
<i>*With no other recognized cause</i>	

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)

Element	Element Met
Skin infections must meet at least <i>one</i> of the following criteria:	
1. Patient has at least <i>one</i> of the following:	
• Purulent drainage	<input type="checkbox"/>
• Pustules	<input type="checkbox"/>
• Vesicles	<input type="checkbox"/>
• Boils (excluding acne)	<input type="checkbox"/>
2. Patient has at least <i>two</i> of the following localized signs or symptoms:	
• Pain* or tenderness*	<input type="checkbox"/>
• Swelling*	<input type="checkbox"/>
• Erythema*	<input type="checkbox"/>
• Heat*	<input type="checkbox"/>
AND at least <i>one</i> 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 are not limited to, diphtheroids (<i>Corynebacterium</i> spp. not <i>C. diphtheria</i>), <i>Bacillus</i> spp. (not <i>B. anthracis</i>), <i>Propionibacterium</i> 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.	<input type="checkbox"/>
b. Multinucleated giant cells seen on microscopic examination of affected tissue.	<input type="checkbox"/>
c. Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.	<input type="checkbox"/>
<i>*With no other recognized cause</i>	
Reporting instructions:	
<ul style="list-style-type: none"> • Do not report acne as a skin/soft tissue HAI. • Apply the site specific definition (not SKIN) for the following: <ul style="list-style-type: none"> ○ Report omphalitis in infants as UMB. ○ Report infections of the circumcision site in newborns as CIRC. ○ For decubitus ulcers, apply the DECU infection. ○ Report infected burns as BURN. ○ 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
Soft tissue infections must meet at least one of the following criteria:	
1. 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).	<input type="checkbox"/>
2. Patient has purulent drainage at affected site.	<input type="checkbox"/>
3. Patient has an abscess or other evidence of infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>
Reporting instructions: <ul style="list-style-type: none"> • Apply the site-specific definitions identified below (not ST) for the following: <ul style="list-style-type: none"> ○ Report infected decubitus ulcers as DECU. ○ Report infected burns as BURN. ○ 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

UMB-Omphalitis

Element	Element Met
Omphalitis in a newborn (≤30 days old) must meet at least one of the following criteria:	
1. Patient has erythema or drainage from umbilicus	<input type="checkbox"/>
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).	<input type="checkbox"/>
b. 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).	<input type="checkbox"/>
2. Patient has erythema <u>and</u> purulence at the umbilicus.	<input type="checkbox"/>
Reporting instructions: <ul style="list-style-type: none"> • Report infection of the umbilical artery or vein related to umbilical catheterization as VASC if there is no accompanying organism identified from blood specimen. • If the patient meets criteria for LCBI, report as a LCBI (see VASC). 	

