2026 NHSN Bone and Joint Infection (BJ) Checklist

Documentation Review Checklist

BJ - Bone and Joint Infection

BONE-Osteomyelitis

Criterion met: ☐ 1 ☐ 2 ☐ 3a ☐ 3b ☐ 3c

When meeting the Osteomyelitis (BONE) definition:

- The BONE Infection Window Period is defined as the 21 days during which all site-specific infection criteria must be met. It includes the date the first positive diagnostic test that is used as an element of the BONE criterion was obtained, the 10 calendars days before, and the 10 calendar days after. The Infection Window Period is lengthened for this event to accommodate the extended diagnostic timeframe that is frequently required to reach a clinical determination of osteomyelitis and the extended antimicrobial treatment timeframes associated with the condition.
- The RIT for Osteomyelitis (BONE) is extended to include the remainder of the patient's current admission.
- When meeting the Osteomyelitis (BONE) definition, the secondary BSI attribution period includes the 21-day infection window period and all subsequent days of the patient's current admission.
    - As a result of this lengthy secondary BSI attribution period, secondary BSI pathogen assignment for BONE is limited to organism(s) identified in blood specimen that match the organism(s) used to meet the BONE definition.
        - If the BONE definition was met using a site-specific specimen (bone culture) or using a blood specimen with Pseudomonas aeruginosa as the identified organism and subsequently a blood specimen collected during the BONE secondary BSI attribution period is positive for Pseudomonas aeruginosa and E. coli, while Pseudomonas aeruginosa can be assigned to the BONE event, it cannot be assumed the E. coli can be assigned as a secondary BSI pathogen. The blood organism (E. coli) does not match the organism (Pseudomonas aeruginosa) used to meet BONE definition. If the blood specimen can be used to meet a BONE definition criterion both organisms can be assigned. Otherwise, the E. coli will need to be investigated as a separate BSI and identified as a secondary BSI to another site-specific infection or determined to be a primary BSI.

Element	**Element Met**	**Date**
Osteomyelitis must meet at least ***one*** of the following criteria:		
1. Patient has organism(s) identified from bone by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam.	☐	
3. Patient has at least ***two*** of the following localized signs or symptoms:		
• Fever (>38.0°C)	☐	
• Swelling*	☐	
• Pain or tenderness*	☐	
• Heat*	☐	
• Drainage*	☐	
AND at least ***one*** of the following:		

a. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) ***AND*** Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for osteomyelitis.	☐	
b. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for osteomyelitis.	☐	
c. Physician or Physician designee diagnosis of Osteomyelitis with documentation of antimicrobial treatment.	☐	
****With no other recognized cause*		

Reporting Instructions:

- Report mediastinitis following cardiac surgery that is accompanied by osteomyelitis as SSI-MED rather than SSI-BONE.
- If a patient meets both organ space JNT and BONE report the SSI as BONE.
- After an HPRO or a KPRO if a patient meets both organ space PJI and BONE report the SSI as BONE.

BJ - Bone and Joint Infection		
DISC-Disc space infection **Criterion met: ☐ 1 ☐ 2 ☐ 3a ☐ 3b**		
Element	**Element Met**	**Date**
Vertebral disc space infection must meet at least ***one*** of the following criteria:		
1. Patient has organism(s) identified from vertebral disc space by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
2. Patient has evidence of vertebral disc space infection on gross anatomic or histopathologic exam.	☐	
3. Patient has at least ***one*** of the following localized signs or symptoms:		
• Fever (>38.0°C)	☐	
• Pain* at the involved vertebral disc space	☐	
AND at least ***one*** of the following:		
a. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) ***AND*** Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for vertebral disc space infection.	☐	
b. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for vertebral disc space infection.	☐	
**With no other recognized cause*		

BJ - Bone and Joint Infection		
JNT-Joint or bursa infection (not for use as Organ/Space SSI after HPRO or KPRO procedures) **Criterion met: ☐ 1 ☐ 2 ☐ 3a ☐ 3b ☐ 3c ☐ 3d**		
Element	**Element Met**	**Date**
Joint or bursa infections must meet at least ***one*** of the following criteria:		
1. Patient has organism(s) identified from joint fluid or synovial biopsy by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
2. Patient has evidence of joint or bursa infection on gross anatomic or histopathologic exam.	☐	
3. Patient has a suspected joint or bursa infection and at least ***two*** of the following signs or symptoms:		
• Swelling*	☐	
• Pain* or tenderness*	☐	
• Heat*	☐	
• Evidence of effusion*	☐	
• Limitation of motion*	☐	
AND at least ***one*** of the following:		
a. Elevated joint fluid white blood cell count (per reporting laboratory's reference range) OR positive leukocyte esterase test strip of joint fluid.	☐	
b. Organism(s) and white blood cells seen on Gram stain of joint fluid.	☐	
c. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
d. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for joint or bursa infection.	☐	
Reporting Instructions: • If a patient meets both organ space JNT and BONE report the SSI as BONE.		

With no other recognized cause

BJ - Bone and Joint Infection		
PJI-Periprosthetic Joint Infection (for use as Organ/Space SSI following HPRO and KPRO only) **Criterion met: ☐ 1 ☐ 2 ☐ 3**		
Element	**Element Met**	**Date**
Periprosthetic Joint or bursa infections must meet at least ***one*** of the following criteria:		
1. ***Two*** positive periprosthetic specimens (*tissue or fluid*) with at least one matching organism, identified by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
2. A sinus tract* communicating with the joint, purulence, or other gross anatomic evidence of infection. identified on gross anatomic exam.	☐	
3. ***Three*** of the following minor criteria:		
a. Elevated serum C-reactive protein (CRP; >100 mg/L) ***and*** erythrocyte sedimentation rate (ESR; >30 mm/hr.).	☐	
b. Elevated synovial fluid white blood cell (WBC; >10,000 cells/µL) count *OR* "++" (*or greater)* change on leukocyte esterase test strip of synovial fluid.	☐	
c. Elevated synovial fluid polymorphonuclear neutrophil percentage (PMN% >90%).	☐	
d. Positive histological analysis of periprosthetic tissue (>5 neutrophils (PMNs) per high power field).	☐	
e. Organism(s) identified from a single positive periprosthetic specimen (*tissue or fluid*) by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	☐	
f. Synovial fluid alpha defensin positive.	☐	
g. Physician diagnosis of periprosthetic joint infection.	☐	
*A sinus tract is defined as a narrow opening or passageway that can extend in any direction through soft tissue and results in dead space with potential for abscess formation.		
Comments: • A matching organism is defined on page 17-1. Organism(s) identified from hip or knee hardware can be used to meet criterion 1 or a single hardware organism for criterion 3e.		
Reporting Instruction: • After an HPRO or a KPRO if a patient meets both organ space PJI and BONE report the SSI as BONE.		