## 2024 NHSN Skin and Soft Tissue (SST) Infection Checklist

| Documentation Review Checklist   |                |             |
|--|----------------|-------------|
| SST-SKIN AND SOFT TISSUE INFECTION   |                |             |
| BRST-Breast infection or mastitis  |                |             |
| Element  | Element<br>Met | Date        |
| A breast abscess or mastitis must meet at least <u>one</u> of the following criteria:  |                |             |
| <ol> <li>Patient has organism(s) identified from affected breast tissue or fluid obtained by invasive<br/>procedure or from drainage from an aseptically-placed drain by a culture or non-culture<br/>based microbiologic testing method, which is performed for purposes of clinical diagnosis<br/>or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).</li> </ol> |                |             |
| <ol> <li>Patient has a breast abscess or other evidence of infection on gross anatomic or<br/>histopathologic exam.</li> </ol>   |                |             |
| 3. Patient has fever (>38.0°C) and local inflammation of the breast  |                |             |
| AND<br>Physician or physician designee initiates antimicrobial therapy within 2 days of onset or<br>worsening of symptoms.   |                |             |
| Reporting instructions:  | 1              |             |
| <ul> <li>For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a sup and if the infection involves the muscle/fascial level report as a deep incisional SSI.</li> <li>BRST Criterion 3 is not eligible as an Organ/Space SSI following a BRST procedure.</li> </ul>   | erficial inci  | sional SSI, |

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



| SST-SKIN AND SOFT TISSUE INFECTION   |                |      |  |
|--|----------------|------|--|
| CIRC-Newborn circumcision infection  |                |      |  |
| Element  | Element<br>Met | Date |  |
| 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.   |                |      |  |
| 2. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:  |                |      |  |
| Erythema*  |                |      |  |
| Swelling*  |                |      |  |
| Tenderness*  |                |      |  |
| AND  |                |      |  |
| <ul> <li>Pathogen identified from circumcision site by a culture or non-culture based<br/>microbiologic testing method, which is performed for purposes of clinical diagnosis<br/>or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).</li> </ul> |                |      |  |
| 3. Newborn has at least <u>one</u> of the following signs or symptoms at circumcision site:  |                |      |  |
| 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 or physician designee initiates antimicrobial therapy within <u>two</u> days on onset  |                |      |  |

\*With no other recognized cause

or worsening of symptoms.





|   | 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<br>Met | Date |
| Skin infectio   | ns must meet at least <u>one</u> of the following criteria:  |                |      |
| 1. Patie  | ent has at least <u>one</u> of the following:  |                |      |
| •   | Purulent drainage  |                |      |
| •   | Pustules   |                |      |
| •   | Vesicles   |                |      |
| ٠   | Boils (excluding acne)   |                |      |
| 2. Patie  | ent has at least <u>two</u> of the following localized signs or symptoms:  | 1              |      |
| •   | Pain* or tenderness*   |                |      |
| •   | Swelling*  |                |      |
| •   | Erythema*  |                |      |
| •   | Heat*  |                |      |
| <u>AND</u> at   | least <u>one</u> of the following:   | -              |      |
|   | Organism(s) identified from aspirate or drainage from affected site by a culture or<br>non-culture based testing method, which is performed for purposes of clinical<br>diagnosis and treatment for example, not Active Surveillance Culture/Testing<br>(ASC/AST). Identification of 2 or more common commensal organisms without a<br>recognized pathogen is not eligible for use. Common Commensal organisms include,<br>but not are not limited to, diphtheroids ( <i>Corynebacterium</i> spp. not <i>C. diphtheria</i> ),<br><i>Bacillus</i> spp. (not <i>B. anthracis</i> ), <i>Propionibacterium</i> spp., coagulase-negative<br>staphylococci (including <i>S. epidermidis</i> ), viridans group streptococci, <i>Aerococcus</i><br>spp., <i>Micrococcus</i> spp., and <i>Rhodococcus</i> spp. Common Commensals on the NHSN<br>Organism List can be accessed via the <u>spreadsheet</u> or the new <u>NHSN Terminology</u><br><u>Browser</u> .<br>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.   |                |      |
|   | ner recognized cause   |                |      |
|   | ot report acne as a skin/soft tissue HAI.  | d              |      |
|   | ort SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn we<br>y the site-specific definition (not SKIN) for the following:<br>Report omphalitis in infants as UMB.<br>Report infections of the circumcision site in newborns as CIRC.<br>For decubitus ulcers, apply the DECU infection.<br>Report infected burns as BURN.<br>Report BURN in the setting of an infected burn covered with a temporary graft or dres<br>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)

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

- 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.
  - o 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.
  - o 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).

| Element         Decubitus ulcer infections must meet the following criterion:         1. Patient has at least <u>two</u> of the following signs or symptoms:         • Erythema*         • Tenderness*         • Swalling of desubitus wound adges*   | Element<br>Met | Date |
|---|----------------|------|
| <ol> <li>Patient has at least <u>two</u> of the following signs or symptoms:</li> <li>Erythema*</li> <li>Tenderness*</li> </ol>   |                |      |
| <ul> <li>Erythema*</li> <li>Tenderness*</li> </ul>  |                |      |
| Tenderness*   |                |      |
|   |                |      |
| <ul> <li>Swelling of dooubitus wound odgos*</li> </ul>  |                |      |
| <ul> <li>Swelling of decubitus wound edges*</li> </ul>  |                |      |
| AND   |                |      |
| Organism(s) identified from needle aspiration of fluid or biopsy of tissue from ulcer<br>margin by a culture or non-culture based microbiologic testing method, which is<br>performed for purposes of clinical diagnosis or treatment, for example, not Active<br>Surveillance Culture/Testing (ASC/AST). |                |      |



|                      | SST-SKIN AND SOFT TISSUE INFECTION   |                |  |
|----------------------|--|----------------|--|
|                      | UMB-Omphalitis   |                |  |
| Element              |  | Element<br>Met |  |
| Omphalitis           | in a newborn (≤ 30 days old) must meet at least <u>one</u> of the following criteria:  |                |  |
| 1. Pat               | ient has erythema or drainage from umbilicus   |                |  |
| AND at               | t least <u>one</u> 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).  |                |  |
| 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).  |                |  |
| 2. Pat               | ient has erythema and purulence at the umbilicus.  |                |  |
| Reporting i          | nstructions:   |                |  |
| acc<br>as a<br>• Cat | port infection of the umbilical artery or vein related to umbilical catheterization as VASC if there is<br>ompanying organism identified from blood specimen. However, if the patient meets criteria for LC<br>a LCBI (see VASC definition).<br>heterized umbilical venous catheter (UVC) or umbilical arterial catheter (UAC) sites are not eligible<br>eria. | CBI, report    |  |



