

2021 NHSN Surgical Site Infection (SSI) Checklist

Surgical Site Infection (SSI) Documentation Review Checklist

Definition of an NHSN Operative Procedure

An NHSN Operative Procedure is a procedure

- that is included in the [ICD-10-PCS](#) and/or [CPT](#) NHSN operative procedure code mapping

And

- takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure

And

- takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.

Exclusions: Otherwise eligible procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.

PROCEDURE DETAILS:

Date of Procedure: _____

ICD-10-PCS/CPT Operative Procedure Code(s) Assigned:

NHSN Operative Procedure Category(ies) (COLO, HYST, etc.):

SSI EVENT DETAILS:

Criterion	Criterion Met	Date of Event	Procedure of Attribution	PATOS
SIP	<input type="checkbox"/>			
SIS	<input type="checkbox"/>			
DIP	<input type="checkbox"/>			
DIS	<input type="checkbox"/>			
O/S	<input type="checkbox"/>			

If O/S SSI, specify site-specific criteria met: _____

Please refer to [Chapter 9 Surgical Site Infection \(SSI\) Event](#) of the Patient Safety Manual for additional information.

Surgical Site Infection (SSI)		
Superficial incisional SSI (SIP, SIS)		
Element	Element Met	Date
Must meet the following criteria:		
Date of event occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)	<input type="checkbox"/>	
AND		
Involves only skin and subcutaneous tissue of the incision	<input type="checkbox"/>	
AND Patient has at least one of the following:		
a. Purulent drainage from the superficial incision.	<input type="checkbox"/>	
b. Organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue 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"/>	
c. Superficial incision that is deliberately opened by a surgeon, physician* or physician designee AND Culture or non-culture based testing of the superficial incision or subcutaneous tissue is not performed AND Patient has at least one of the following signs or symptoms: <ul style="list-style-type: none"> • Localized pain or tenderness • Localized swelling • Erythema • Heat 	<input type="checkbox"/>	
d. Diagnosis of a superficial incisional SSI by a physician* or physician designee.	<input type="checkbox"/>	
*The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).		
Comments:		
There are two specific types of superficial incisional SSIs: <ol style="list-style-type: none"> 1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB) 2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB) 		
Reporting Instructions for Superficial SSI:		
The following do not qualify as criteria for meeting the NHSN definition of superficial SSI: <ul style="list-style-type: none"> • Diagnosis/treatment of cellulitis (redness/warmth/swelling), by itself, does not meet criterion “d” for superficial incisional SSI. Conversely, an incision that is draining or that has organisms identified by culture or non-culture based testing is not considered a cellulitis. • A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration). • For an NHSN operative procedure, a laparoscopic trocar site is considered a surgical incision and not a stab wound. • A localized stab wound or pin site infection is not considered an SSI; depending on the depth, these infections might be considered either a skin (SKIN) or soft tissue (ST) infection. 		

Comments/Notes:



Surgical Site Infection (SSI)		
Deep incisional SSI (DIP, DIS)		
Element	Element Met	Date
Must meet the following criteria:		
Date of event occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 (see below)	<input type="checkbox"/>	
AND		
Involves deep soft tissues of the incision (for example, fascial and muscle layers)	<input type="checkbox"/>	
AND Patient has at least one of the following:		
a. Purulent drainage from the deep incision.	<input type="checkbox"/>	
b. A deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, physician* or physician designee AND Organism(s) identified from the deep soft tissues of the incision 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)) <u>or</u> culture or non-culture based microbiologic testing method is not performed. A culture or non-culture base test from the deep soft tissues of the incision that has a negative finding does not meet this criterion. AND Patient has at least one of the following signs or symptoms: <ul style="list-style-type: none"> • Fever (>38°C) • Localized pain or tenderness 	<input type="checkbox"/>	
c. An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.	<input type="checkbox"/>	
*The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).		
Comments: There are two specific types of deep incisional SSIs: <ol style="list-style-type: none"> 1. Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB) 2. Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB) 		
Comments/Notes:		

Surgical Site Infection (SSI)		
Organ/Space SSI (O/S)		
Element	Element Met	Date
Must meet the following criteria:		
Date of event occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 (see below)	<input type="checkbox"/>	
AND		
Involves any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure	<input type="checkbox"/>	
AND Patient has at least one of the following:		
a. Purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage).	<input type="checkbox"/>	
b. Organism(s) identified from fluid or tissue in the organ/space 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"/>	
c. An abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.	<input type="checkbox"/>	
AND		
Meets at least one criterion for a specific organ/space infection site listed in Table 3 (see below). These criteria are found in the Surveillance Definitions for Specific Types of Infections (Chapter 17).	<input type="checkbox"/>	
Comments/Notes:		



Table 2. Surveillance Periods for SSI Following Selected NHSN Operative Procedure Categories.
Day 1 = the date of the procedure.

30-day Surveillance			
Category	Operative Procedure	Category	Operative Procedure
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Cesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THYR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory Laparotomy
90-day Surveillance			
Category	Operative Procedure		
BRST	Breast surgery		
CARD	Cardiac surgery		
CBGB	Coronary artery bypass graft with both chest and donor site incisions		
CBGC	Coronary artery bypass graft with chest incision only		
CRAN	Craniotomy		
FUSN	Spinal fusion		
FX	Open reduction of fracture		
HER	Herniorrhaphy		
HPRO	Hip prosthesis		
KPRO	Knee prosthesis		
PACE	Pacemaker surgery		
PVBY	Peripheral vascular bypass surgery		
VSHN	Ventricular shunt		

Notes:

- Superficial incisional SSIs are only followed for a 30-day period for all procedure types.
- Secondary incisional SSIs are only followed for a 30-day period regardless of the surveillance period for the primary site.

Table 3. Specific Sites of an Organ/Space SSI

Category	Specific Site	Category	Specific Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity infection (mouth, tongue, or gums)
DISC	Disc space infection	OREP	Deep pelvic tissue infection or other infection of the male or female reproductive tract
EAR	Ear, mastoid infection	PJI	Periprosthetic joint infection
EMET	Endometritis	SA	Spinal abscess/infection
ENDO	Endocarditis	SINU	Sinusitis
GIT	Gastrointestinal (GI) tract infection	UR	Upper respiratory tract, pharyngitis, laryngitis, epiglottitis
IAB	Intraabdominal infection, not specified elsewhere	USI	Urinary System Infection
IC	Intracranial infection	VASC	Arterial or venous infection
JNT	Joint or bursa infection	VCUF	Vaginal cuff infection
LUNG	Other infection of the lower respiratory tract		

Notes:

- Criteria for these sites can be found in Chapter 17 ([Surveillance Definitions for Specific Types of Infections](#)).
- The Chapter 9 ([Surgical Site Infection \[SSI\] Event](#)) Appendix contains a list of the specific event types available for SSI attribution by NHSN procedure category.