



# Outpatient Procedure Component Event

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\*required for saving

|   |                    |         |
|---|--------------------|---------|
| 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):    |         |
| *Date admitted to facility where procedure occurred (MM/DD/YYYY): |                    |         |

### Four Same Day Outcome Measures

\*Specify event: (check all that apply)

Patient burn     
  Patient fall     
  Hospital transfer/admission  
 Wrong site     
  Wrong side     
  Wrong patient     
  Wrong procedure     
  Wrong implant

### Prophylactic IV Antibiotic Timing

Had an order for a prophylactic IV antibiotic that was NOT administered on time

### Surgical Site Infection (SSI)

\*Date of SSI: \_\_\_/\_\_\_/\_\_\_      \*Primary CPT Code: \_\_\_\_\_      NHSN Procedure Code: \_\_\_\_\_

\*Specific event (type of SSI):   
 Superficial incisional     
 Deep incisional     
 Organ/space

\*How infection was first reported: (Check all that apply):

Surgeon     
 Attending physician other than surgeon  
 Admitting inpatient facility     
 Routine follow-up at outpatient facility     
 Patient or family member

\*Specify SSI criteria used (check all that apply):

|   |  |
|---|--|
| <u>Signs &amp; Symptoms</u>                                   | <u>Laboratory</u>  |
| <input type="checkbox"/> Purulent drainage                    | <input type="checkbox"/> Redness                               |
| <input type="checkbox"/> Incision deliberately opened/drained | <input type="checkbox"/> Heat                                  |
| <input type="checkbox"/> Pain or tenderness                   | <input type="checkbox"/> Abscess                               |
| <input type="checkbox"/> Localized swelling                   | <input type="checkbox"/> Fever (>38°C)                         |
| <input type="checkbox"/> Wound spontaneously dehisces         | <input type="checkbox"/> Positive culture                      |
|   | <input type="checkbox"/> Not cultured                          |
|   | <input type="checkbox"/> Imaging test evidence of infection    |
|   | <input type="checkbox"/> Histopathologic evidence of infection |

Other

Diagnosis of superficial SSI by surgeon or attending physician  
 Other evidence of infection on direct exam or during invasive procedure

\*Pathogens identified:  Yes  No

If Yes, indicate up to 3 pathogens: \_\_\_\_\_

### Custom Fields

|                       |             |
|-----------------------|-------------|
| Label _____ / / _____ | Label _____ |
|-----------------------|-------------|

### Comments

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