

Surgical Site Infection (SSI)

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*required for saving **required for completion

| | | |
|--|--|--|
| Facility ID: | Event #: | |
| *Patient ID: | Social Security #: | |
| Secondary ID: | Medicare #: | |
| Patient Name, Last: | First: | Middle: |
| *Sex: F M | *Date of Birth: | |
| Ethnicity (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond | Race (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond | |
| Language: (Specify) | Interpreter Needed: Yes No Declined to Respond Unknown | |
| *Event Type: SSI | *Date of Event: | |
| *NHSN Procedure Code: | ICD-10-PCS or CPT Procedure Code: | |
| *Date of Procedure: | *Outpatient Procedure: Yes No | |
| *MDRO Infection Surveillance: <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module | | |
| *Date Admitted to Facility: | Location: | |
| Event Details | | |
| *Specific Event: | | |
| <input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Deep Incisional Secondary (DIS) <input type="checkbox"/> Organ/Space (specify site): _____ | | |
| *Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| *Specify Criteria Used (check all that apply): | | |
| <u>Signs & Symptoms</u> | | <u>Laboratory</u> |
| <input type="checkbox"/> Drainage or material [†] | <input type="checkbox"/> Sinus tract | <input type="checkbox"/> Organism(s) identified |
| <input type="checkbox"/> Pain or tenderness | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Culture or non-culture based testing not performed |
| <input type="checkbox"/> Swelling or inflammation | <input type="checkbox"/> Apnea | <input type="checkbox"/> Organism(s) identified from blood specimen |
| <input type="checkbox"/> Erythema or redness | <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Other positive laboratory tests [†] |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough | <input type="checkbox"/> Imaging test evidence of infection |
| <input type="checkbox"/> Incision deliberately opened/drained | <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Wound spontaneously dehisces | <input type="checkbox"/> Vomiting | <u>Clinical Diagnosis</u> |
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Dysuria | <input type="checkbox"/> Physician diagnosis of this event type |
| <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†] | | <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy [†] |
| <input type="checkbox"/> Other signs & symptoms [†] | | |
| [†] per specific site criteria | | |
| *Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> RF (Readmission to facility where procedure performed) <input type="checkbox"/> RO (Readmission to facility other than where procedure was performed) | | |

| | | | | | |
|--|--|----------------------------------|--|----------------------------------|--|
| *Secondary Bloodstream Infection: Yes No | | **Died: Yes No | | SSI Contributed to Death: Yes No | |
| Discharge Date: | | *Pathogens Identified: Yes No | | *If Yes, specify on pages 2-3. | |
| COVID-19: Yes No If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected | | | | | |
| <p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p> <p>CDC 57.120 (Front) Rev 7, v8.6</p> | | | | | |

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| Pathogen # | Gram-positive Organisms | | | | | | | | | |
|------------|---|-----------------------------------|------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|---------------------------------|-----------------------------------|--|--|
| | <i>Staphylococcus coagulase-negative</i> (specify species if available): | CEFOX/IOX S R N | VANC S I R N | | | | | | | |
| | <i>_____Enterococcus faecium</i> <i>_____Enterococcus faecalis</i> <i>_____Enterococcus</i> spp. (Only those not identified to the species level) | DAPTO S S-DD N S R N | GENTHL[§] S R N | LNZ S I R N | VANC S I R N | | | | | |
| | <i>Staphylococcus aureus</i> | CIPRO/LEVO/MOXI S I R N | CEFOX/METH/OX S R N | CEFTAR S S-DD I R | CLIND S I R N | DAPTO S N S N | DOXY/MINO S I R N | GENT S I R N | | |
| | | LNZ S R N | RIF S I R N | TETRA S I R N | TMZ S I R N | VANC S I R N | | | | |
| Pathogen # | Gram-negative Organisms | | | | | | | | | |
| | <i>Acinetobacter</i> (specify species) _____ | AMK S I R N | AMPSU L S I R N | CEFTAZ/CEFOT/CEFTRX S I R N | CEFEP S I R N | CIPRO/LEVO S I R N | COL/PB S R N | DORI/MERO S I R N | | |
| | | DOXY/MINO S I R N | GENT S I R N | IMI S I R N | PIPTA Z S I R N | TMZ S I R N | TOBRA S I R N | | | |
| | <i>Escherichia coli</i> | AMK S I R N | AMP S I R N | AMPSUL/AMXCLV S I R N | AZT S I R N | CEFAZ S I R N | CEFTAZ S I R N | CEFOT/CEFTRX S I R N | | |
| | | CEFE P S I/S-DD R N | CEFTAVI S R N | CEFTOTAZ S I R N | CIPRO/LEVO/MOXI S I R N | COL/PB[†] I R N | DORI/IMI/MERO S I R N | DOXY/MINO/TETRA S I R N | | |
| | | ERTA S I R N | GENT S I R N | IMIREL S I R N | MERVAB S I R N | PIPTAZ S I R N | TIG S I R N | TMZ S I R N | | |
| | | TOBRA S I R N | | | | | | | | |
| | <i>Enterobacter</i> (specify species) _____ | AMK S I R N | AZT S I R N | CEFTAZ S I R N | CEFOT/CEFTRX S I R N | CEFE P S I/S-DD R N | CEFTAVI S R N | CEFTOZ S I R N | | |
| | | CIPRO/LEVO/MOXI S I R N | COL/PB[†] I R N | DORI/IMI/MERO S I R N | DOXY/MINO/TETRA S I R N | ERTA S I R N | GENT S I R N | IMIREL S I R N | | |

| | | | | | | | | | | |
|-------------------|--|-----------------------|------------------------------|--------------------------------|-----------------------------------|------------------------------|--------------------------------|----------------------------------|----------------|----------------|
| | | MERVAB SIRN | PIPTAZ SIRN | TIG SIRN | TMZ SIRN | TOBRA SIRN | | | | |
| Pathogen # | Gram-negative Organisms (continued) | | | | | | | | | |
| | <i>Klebsiella pneumoniae</i> | AMK SIRN | AMPSUL/AMXCLV SIRN | AZT SIRN | CEFAZ SIRN | CEFTAZ SIRN | CEFOT/CEFTRX SIRN | CEFEP S I/S- DD R N | | |
| | <i>Klebsiella oxytoca</i> | CEFTAVI SRN | CEFTOTAZ SIRN | CIPRO/LEVO/MOXI SIRN | COL/PB [†] IRN | DORI/IMI/MERO SIRN | DOXY/MINO/TETRA SIRN | ERTA SIRN | | |
| | <i>Klebsiella aerogenes</i> | GENT SIRN | IMIREL SIRN | MERVAB SIRN | PIPTAZ SIRN | TIG SIRN | TMZ SIRN | TOBRA SIRN | | |
| | <i>Pseudomonas aeruginosa</i> | AMK SIRN | AZT SIRN | CEFTAZ SIRN | CEFEP SIRN | CEFTAVI SRN | CEFTOTAZ SIRN | CIPRO/LEVO SIRN | | |
| | | COL/PB SIRN | DORI/IMI/MERO SIRN | GENT SIRN | PIPTAZ SIRN | TOBRA SIRN | | | | |
| Pathogen # | Fungal Organisms | | | | | | | | | |
| | <i>Candida</i> (specify species if available) _____ | ANID SIRN | CASPO SIRN | FLUCO S S-DD R N | MICA SIRN | VORI SIRN | | | | |
| Pathogen # | Other Organisms | | | | | | | | | |
| | Organism 1 (specify) _____ | Drug 1 SIRN | Drug2 SIRN | Drug3 SIRN | Drug 4 SIRN | Drug 5 SIRN | Drug 6 SIRN | Drug 7 SIRN | Drug 8 SIRN | Drug 9 SIRN |
| | Organism 1 (specify) _____ | Drug 1 SIRN | Drug2 SIRN | Drug3 SIRN | Drug 4 SIRN | Drug 5 SIRN | Drug 6 SIRN | Drug 7 SIRN | Drug 8 SIRN | Drug 9 SIRN |
| | Organism 1 (specify) _____ | Drug 1 SIRN | Drug2 SIRN | Drug3 SIRN | Drug 4 SIRN | Drug 5 SIRN | Drug 6 SIRN | Drug 7 SIRN | Drug 8 SIRN | Drug 9 SIRN |

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent
 N = Not tested

[§] GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

[†] Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

| Drug Codes: | | | |
|--------------------|---------------------------------|--------------------------------------|------------------|
| AMK = amikacin | CEFTAR = ceftaroline | GENT = gentamicin | OX = oxacillin |
| AMP = ampicillin | CEFTAVI = ceftazidime/avibactam | GENTHL = gentamicin –high level test | PB = polymyxin B |

| | | | |
|--------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|
| AMPSUL = ampicillin/sulbactam | CEFTOTAZ = ceftolozane/tazobactam | IMI = imipenem | PIPTAZ = piperacillin/tazobactam |
| AMXCLV = amoxicillin/clavulanic acid | CEFTRX = ceftriaxone | IMIREL = imipenem/relebactam | RIF = rifampin |
| ANID = anidulafungin | CIPRO = ciprofloxacin | LEVO = levofloxacin | TETRA = tetracycline |
| AZT = aztreonam | CLIND = clindamycin | LNZ = linezolid | TIG = tigecycline |
| CASPO = caspofungin | COL = colistin | MERO = meropenem | TMZ = trimethoprim/sulfamethoxazole |
| CEFAZ= cefazolin | DAPTO = daptomycin | MERVAB = meropenem/vaborbactam | TOBRA = tobramycin |
| CEFEP = cefepime | DORI = doripenem | METH = methicillin | VANC = vancomycin |
| CEFOT = cefotaxime | DOXY = doxycycline | MICA = micafungin | VORI = voriconazole |
| CEFOX= cefoxitin | ERTA = ertapenem | MINO = minocycline | |
| CEFTAZ = ceftazidime | FLUCO = fluconazole | MOXI = moxifloxacin | |

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| Custom Fields | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">-</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">-</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">-</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | / | | / | | | | | | | | | | | | | | | | | - | | | | | - | | | | | - | | | | | | | | | | <p>Label</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | | / | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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