



# SURGICAL SITE INFECTION SURVEILLANCE

Patient label

## PATIENT DATA

Birthdate: \_\_\_/\_\_\_/\_\_\_ (dd-mm-yyyy) Sex: M F  
 Admission number: \_\_\_\_\_  
 Admission date: \_\_\_/\_\_\_/\_\_\_ (dd-mm-yyyy) Service / ward\*: \_\_\_\_\_

## SURGICAL INTERVENTION N° (1-3)

(Complete a new form for each operation – max. 3 operations)

Date of operation: \_\_\_/\_\_\_/\_\_\_ (dd-mm-yyyy) Surgeon\*: 1. [ ][ ][ ][ ] OR team\*: 1. [ ][ ][ ][ ]  
 2. [ ][ ][ ][ ] 2. [ ][ ][ ][ ]  
 3. [ ][ ][ ][ ] 3. [ ][ ][ ][ ]

Option Kwaliteitsdecreet<sup>o</sup>: Y N

Procedure Code<sup>#</sup>:  
(ICD-9-CM)

Description:

[ ][ ][ ] . [ ][ ][ ][ ]	_____
[ ][ ][ ] . [ ][ ][ ][ ]	_____
[ ][ ][ ] . [ ][ ][ ][ ]	_____

Wound class: [ ][ ] (1-4, 9 = unknown) Contaminated/infected: Y N ASA score: [ ][ ] (1-5, 9 = unknown)

Duration of operation<sup>§</sup>: [ ][ ][ ][ ] H [ ][ ][ ][ ] Min (hours and minutes, 00.00 = unknown) **OR**

Time of incision<sup>§</sup>: [ ][ ][ ][ ] H [ ][ ][ ][ ] Min **AND** Time of closure<sup>§</sup>: [ ][ ][ ][ ] H [ ][ ][ ][ ] Min

Laparo/endoscopy: Y N Elective\*: Y N

Option AB prophylaxis: Y N

if Yes:

No AB  Routine surgical AB prophylaxis\*\*  Therapeutic AB or exceptional AB prophylaxis\*\*

\* Optional

<sup>o</sup> Option Kwaliteitsdecreet: indicate "Y" if the intervention is included in one of the following NNIS operative procedure categories: COLO, HER, HPRO, LAM, CBGC, CBGB, VS.

<sup>#</sup> Always use the 4-digit ICD-9-CM code, unless a 4th digit is not available.

<sup>§</sup> When Antibiotic Prophylaxis data are registered (optional), 'Time of incision' and 'Time of closure' must be recorded instead of 'Duration of operation'.

\*\* Routine surgical AB prophylaxis: AB prophylaxis was administered according to the usual protocol – fill in AB prophylaxis form; Therapeutic AB or exceptional AB prophylaxis: therapeutic AB given or prophylactic AB given for specific medical reason (e.g. prevention of endocarditis)