



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 SITE INFECTION

Infection date: ___/___/___ (dd-mm-yyyy)

Infection site:

if CBGB:

- Superficial incisional → Infection at: chest leg incision
 Deep incisional → Infection at: chest leg incision
 Organ/space

Detected: during admission Post-discharge[†]: OPD SP GP R O

Secondary septicaemia: Y N

Reintervention[°]: Y N (indicate "Y" only if reintervention is related to SSI)

Readmission: Y N (indicate "Y" only if readmission is related to SSI or secondary septicaemia)

Culture taken: Y N

Microorganism code or name	Type of specimen [‡] (WD, WS, XX)	Comment*	Lab number*
1. _____	____ ____	_____	_____
2. _____	____ ____	_____	_____
3. _____	____ ____	_____	_____

* Optional

[†] Detected post-discharge: OPD: outpatient department/clinic; SP: surgeon, private consultation; GP: general practitioner/family doctor; R: hospital readmission; O: other

[°] Reintervention: return to the OR and/or anesthesia for opening and/or drainage by a surgeon.

[‡] Type of specimen: WD: wound drainage fluid; WS: wound swab; XX: other.