

SURGICAL SITE INFECTION SURVEILLANCE

INFECTION FORM

(for AGGREGATED denominator data only)

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*: Y N
 NNIS cat.: Procedure Code#: Description:
 (ICD-9-CM)
 1. [][][][] [][][][][] []
 2. [][][][] [][][][][] []
 3. [][][][] [][][][][] []
 Wound class: [][] (1-4, 9 = unknown) Contaminated/infected: Y N ASA score: [][] (1-5, 9 = unknown)
 Duration of operation: [][] H [][][] Min (hours and minutes, 00.00 = unknown)
 Laparo/endoscopy: Y N Elective*: Y N

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

PATIENT FOLLOW-UP

Date of discharge/death: ___/___/___ (dd-mm-yyyy) Status at discharge: Alive Dead

* Optional

° Option Kwaliteitsdecreet: indicate "Y" if the intervention is included in one of the following NNIS operative procedure categories: COLO, HER, HPRO, LAM, VS, CBGB, CBGC

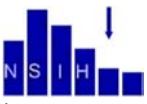
Always use the 4-digit ICD-9-CM code, unless a 4th digit is not available.

† 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 general anesthesia for opening and/or drainage by a surgeon.

SSI 3.B

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