



SURGICAL SITE INFECTION SURVEILLANCE

Patient label

PATIENT DATA

Birthdate: ___/___/____ (dd-mm-yyyy) Sex: M F
 Admission number: _____
 Admission date: ___/___/____ (dd-mm-yyyy) Service / ward*: _____

ANTIBIOTIC PROPHYLAXIS*

1. Antibiotic code or name	Start date (dd-mm-yyyy)	Start time (00.00 = unknown)	Duration (in days) (999 = unknown)	Administr. way (IV, IM, PO)		
_____	___/___/____	__ _ H __ _ Min	____ _	____ _		
<u>Timing of doses</u> (mark the corresponding box for each dose given)						
Day -3 and before	Day -2	Day -1	← Day 0 = Day of surgery → before incision at ** during after > 2h ≤ 2h incision intervention intervention	Day 1	Day 2	Day 3 and after
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

2. Antibiotic code or name	Start date (dd-mm-yyyy)	Start time (00.00 = unknown)	Duration (in days) (999 = unknown)	Administr. way (IV, IM, PO)		
_____	___/___/____	__ _ H __ _ Min	____ _	____ _		
<u>Timing of doses</u> (mark the corresponding box for each dose given)						
Day -3 and before	Day -2	Day -1	← Day 0 = Day of surgery → before incision at ** during after > 2h ≤ 2h incision intervention intervention	Day 1	Day 2	Day 3 and after
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

3. Antibiotic code or name	Start date (dd-mm-yyyy)	Start time (00.00 = unknown)	Duration (in days) (999 = unknown)	Administr. way (IV, IM, PO)		
_____	___/___/____	__ _ H __ _ Min	____ _	____ _		
<u>Timing of doses</u> (mark the corresponding box for each dose given)						
Day -3 and before	Day -2	Day -1	← Day 0 = Day of surgery → before incision at ** during after > 2h ≤ 2h incision intervention intervention	Day 1	Day 2	Day 3 and after
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

4. Antibiotic code or name	Start date (dd-mm-yyyy)	Start time (00.00 = unknown)	Duration (in days) (999 = unknown)	Administr. way (IV, IM, PO)		
_____	___/___/____	__ _ H __ _ Min	____ _	____ _		
<u>Timing of doses</u> (mark the corresponding box for each dose given)						
Day -3 and before	Day -2	Day -1	← Day 0 = Day of surgery → before incision at ** during after > 2h ≤ 2h incision intervention intervention	Day 1	Day 2	Day 3 and after
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

* Registration of antibiotic prophylaxis data is optional

** At incision: different from at induction. When prophylaxis is given at induction, mark appropriate box *before* incision.