NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
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www.cdc.gov/nhsn

Outpatient Procedure Component
Surgical Site Infection (SSI) Event

This form is used for reporting data on each patient having a SSI event related to one of the NHSN operative procedures selected for monitoring.

Instructions for this form are available at: https://www.cdc.gov/nhsn/forms/instr/57.405-toi.pdf.

 *required for saving

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 (Specify): (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
Preferred Language (Specify)	Interpreter Needed: Yes No Declined to respond Unknown
*Date of Encounter (MM/DD/YYYY):	

Surgical Site Infection (SSI)

*Event Type: SSI

*Date of Event: ___/____/____ *Primary CPT Code:_____ *NHSN Procedure Code: _____

*SSI Level:

☐ Superficial Incisional Primary (SIP) ☐ Deep Incisional Primary (DIP) ☐ Organ/Space

☐ Superficial Incisional Secondary (SIS) ☐ Deep Incisional Secondary (DIS)

*Specify SSI Criteria Used (check all that apply):

Signs & Symptoms

☐ Abscess

☐ Erythema or redness

☐ Fever (>38°C)

☐ Heat

☐ Incision deliberately opened/drained

☐ Localized swelling

☐ Pain or tenderness

☐ Purulent drainage

☐ Sinus tract

☐ Wound spontaneously dehisced

☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam

Laboratory

☐ Organism(s) identified

☐ Culture or non-culture-based testing not performed

☐ Imaging test evidence of infection

☐ Organism(s) identified ≥ periprosthetic specimens

☐ Other positive laboratory test

Clinical Diagnosis

☐ Diagnosis of superficial SSI by surgeon or physician

*Pathogens Identified: ☐ Yes ☐ No

If Yes, indicate up to 3 pathogens: _____ _____ _____

Continue>>>

SSI Event Detected:

*How did the ASC facility (where the procedure was originally performed) detect/identify the SSI event?
(select the method that *most closely resembles* the method of detection/identification)

The SSI was detected through the facility's **ACTIVE** surveillance process**:**

- ☐ Review of patient's medical record
- ☐ Post-discharge surgeon survey
- ☐ Post-discharge patient letter
- ☐ Post-discharge patient phone call
- ☐ Cooperative infection prevention process between facilities

The SSI was detected through a **PASSIVE** surveillance process that was not initiated by the facility:

- ☐ Patient/caregiver contacts facility to report
- ☐ Patient returns to outpatient facility for follow-up
- ☐ Surgeon contacts facility to report
- ☐ Report from another facility (inpatient, health department, emergency department, etc.)

Custom Fields

Label			Label	
_____	___ / ___ / ___		_____	___ / ___ / ___
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