

2025 NHSN Bone and Joint Infection (BJ) Checklist

Documentation Review Checklist		
BJ - Bone and Joint Infection		
BONE-Osteomyelitis		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b		
Element	Element Met	Date
Osteomyelitis must meet at least <i>one</i> of the following criteria:		
1. Patient has organism(s) identified from bone by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
3. Patient has at least <i>two</i> of the following localized signs or symptoms:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Swelling*	<input type="checkbox"/>	
• Pain or tenderness*	<input type="checkbox"/>	
• Heat*	<input type="checkbox"/>	
• Drainage*	<input type="checkbox"/>	
AND at least <i>one</i> of the following:		
a. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) AND Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for osteomyelitis.	<input type="checkbox"/>	
b. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for osteomyelitis.	<input type="checkbox"/>	
<i>*With no other recognized cause</i>		
Reporting instructions:		
<ul style="list-style-type: none"> • Report mediastinitis following cardiac surgery that is accompanied by osteomyelitis as SSI-MED rather than SSI-BONE. • If a patient meets both organ space JNT and BONE report the SSI as BONE. • After an HPRO or a KPRO if a patient meets both organ space PJI and BONE report the SSI as BONE. 		



BJ - Bone and Joint Infection		
DISC-Disc space infection		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b		
Element	Element Met	Date
Vertebral disc space infection must meet at least <i>one</i> of the following criteria:		
1. Patient has organism(s) identified from vertebral disc space by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
2. Patient has evidence of vertebral disc space infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
3. Patient has at least <i>one</i> of the following localized signs or symptoms:		
• Fever (>38.0°C)	<input type="checkbox"/>	
• Pain* at the involved vertebral disc space	<input type="checkbox"/>	
AND at least <i>one</i> of the following:		
a. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST) AND Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for vertebral disc space infection.	<input type="checkbox"/>	
b. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for vertebral disc space infection.	<input type="checkbox"/>	
<i>*With no other recognized cause</i>		



BJ - Bone and Joint Infection		
JNT-Joint or bursa infection (not for use as Organ/Space SSI after HPRO or KPRO procedures)		
Criterion met: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 3c <input type="checkbox"/> 3d		
Element	Element Met	Date
Joint or bursa infections must meet at least <u>one</u> of the following criteria:		
1. Patient has organism(s) identified from joint fluid or synovial biopsy by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
2. Patient has evidence of joint or bursa infection on gross anatomic or histopathologic exam.	<input type="checkbox"/>	
3. Patient has a suspected joint infection and at least <u>two</u> of the following signs or symptoms:		
• Swelling*	<input type="checkbox"/>	
• Pain* or tenderness*	<input type="checkbox"/>	
• Heat*	<input type="checkbox"/>	
• Evidence of effusion*	<input type="checkbox"/>	
• Limitation of motion*	<input type="checkbox"/>	
AND at least <u>one</u> of the following:		
a. Elevated joint fluid white blood cell count (per reporting laboratory's reference range) OR positive leukocyte esterase test strip of joint fluid.	<input type="checkbox"/>	
b. Organism(s) and white blood cells seen on Gram stain of joint fluid.	<input type="checkbox"/>	
c. Organism(s) identified from blood by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
d. Imaging test evidence definitive for infection (for example, x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation, specifically, physician or physician designee documentation of antimicrobial treatment for joint or bursa infection.	<input type="checkbox"/>	
<i>*With no other recognized cause</i>		
Reporting instruction:		
<ul style="list-style-type: none"> If a patient meets both organ space JNT and BONE report the SSI as BONE. 		



BJ - Bone and Joint Infection

PJI-Periprosthetic Joint Infection (for use as Organ/Space SSI following HPRO and KPRO only)

Criterion met: 1 2 3

Element	Element Met	Date
Joint or bursa infections must meet at least one of the following criteria:		
1. Two positive periprosthetic specimens (<i>tissue or fluid</i>) with at least one matching organism, identified by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
2. A sinus tract* communicating with the joint identified on gross anatomic exam.	<input type="checkbox"/>	
3. Three of the following minor criteria:		
a. Elevated serum C-reactive protein (CRP; >100 mg/L) and erythrocyte sedimentation rate (ESR; >30 mm/hr.).	<input type="checkbox"/>	
b. Elevated synovial fluid white blood cell (WBC; >10,000 cells/ μ L) count OR “++” (<i>or greater</i>) change on leukocyte esterase test strip of synovial fluid.	<input type="checkbox"/>	
c. Elevated synovial fluid polymorphonuclear neutrophil percentage (PMN% >90%).	<input type="checkbox"/>	
d. Positive histological analysis of periprosthetic tissue (>5 neutrophils (PMNs) per high power field).	<input type="checkbox"/>	
e. Organism(s) identified from a single positive periprosthetic specimen (<i>tissue or fluid</i>) by culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).	<input type="checkbox"/>	
*A sinus tract is defined as a narrow opening or passageway that can extend in any direction through soft tissue and results in dead space with potential for abscess formation.		
<p>Comments:</p> <ul style="list-style-type: none"> • A matching organism is defined on page 17-1. Organism(s) identified from hip or knee hardware can be used to meet criterion 1. • The NHSN definition of PJI is closely adapted from the Musculoskeletal Infection Society’s (MSIS’s) definition of PJI (<i>Proceedings of the International Consensus Meeting on Periprosthetic Joint Infection, 2013</i>). • The standard laboratory cutoff values in criteria 3a - 3d are provided by NHSN for HPRO and KPRO SSI surveillance purposes only. The NHSN laboratory cutoffs are not intended to guide clinicians in the actual clinical diagnosis and management of acute or chronic PJI. Clinicians should refer to the MSIS consensus definition for clinical use. 		
<p>Reporting instruction:</p> <ul style="list-style-type: none"> • After an HPRO or a KPRO if a patient meets both organ space PJI and BONE report the SSI as BONE. 		

