Government of Saskatchewan

Saskatchewan Infection Prevention and Control Program
Post Surgical Telephone Surveillance Script

Instructions: The hospital will contact the patient between the hours of 8 a.m. and 4:30 p.m., or as otherwise outlined in regional policy. A phone call is made 30 days after surgery. Two attempts will be made to contact the patient and the date and time will be recorded in the chart below.

Patient Name:	Unique Number:
Phone Number:	Date of Surgery (dd/mm/yyyy):
Procedure:	Date Called (dd/mm/yyyy):
Call Duration (optional): _____ min.	☐ First Attempt: ☐ Second Attempt:

Purpose of Call: Recently you had surgery at _____ and we would like to know how you have been feeling since then. Do you have time to answer a few questions? The information you provide may help us to improve the quality of patient care in our hospital. Your answers will remain confidential.

SECTION A:	
Did your surgical site heal fully with no problems? Yes (End call) No (Continue with Section A)	☐ Yes ☐ No
Was there redness, heat and/or swelling around your surgical site?	☐ Yes ☐ No
Was there pus draining from your surgical site?	☐ Yes ☐ No
Did you experience increased pain or tenderness at your surgical site?	☐ Yes ☐ No
Did you have fever or chills?	☐ Yes ☐ No

SECTION B:	
Did you visit a clinic, doctor's office or emergency room due to any problems with your incision? If 'Yes', 1. What was the date of the visit? (dd/mm/yyyy) _____ 2. Who did you see? _____ 3. Were you prescribed an antibiotic? ☐ Yes ☐ No	☐ Yes ☐ No

SECTION C: Optional	
Were you given post-operative care instructions?	☐ Yes ☐ No
Did you have any additional comments or concerns about your patient care experience? If 'Yes', please describe:	☐ Yes ☐ No

☐ Further investigation required ☐ No further investigation required