

Saskatchewan Infection Prevention and Control Program
SSI Case Report Form

PATIENT INFORMATION	
Name (Last, First):	Unique Number:
Date of Birth (dd/mm/yyyy):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Height: cm	Weight: kg
PROCEDURE DETAILS	
Hospital Name:	OR Theatre (optional):
Procedure Date(dd/mm/yyyy):	Surgeon:
Procedure Group: <input type="checkbox"/> APPY <input type="checkbox"/> COLO/BOWEL <input type="checkbox"/> HPRO <input type="checkbox"/> NEURO <input type="checkbox"/> OTH: <input type="checkbox"/> CABG <input type="checkbox"/> CSEC <input type="checkbox"/> HYST <input type="checkbox"/> VASCULR <input type="checkbox"/> CHOL <input type="checkbox"/> HERN <input type="checkbox"/> KPRO <input type="checkbox"/> VENTRICULAR SHUNT	
Duration of Procedure:	ASA Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown
Wound Class: <input type="checkbox"/> Class I <input type="checkbox"/> Class II	<input type="checkbox"/> Emergency
Anesthesia Type: <input type="checkbox"/> General <input type="checkbox"/> Spinal	<input type="checkbox"/> Elective
OPTIONAL REPORTING	
Drain: <input type="checkbox"/> Y <input type="checkbox"/> N	Perioperative Transfusion: <input type="checkbox"/> Y <input type="checkbox"/> N
Dressing type used:	Date initial dressing removed: (dd/mm/yyyy)
Discharge home prior to removal: <input type="checkbox"/> Y <input type="checkbox"/> N	
BUNDLE COMPONENTS	
Appropriate Antibiotic Timing:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Appropriate Antiseptic Skin Preparation:	<input type="checkbox"/> Y <input type="checkbox"/> N
Appropriate Hair Removal:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Maintaining Normothermia:	<input type="checkbox"/> Y <input type="checkbox"/> N
Appropriate Glucose Control:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
INFECTION DETAILS	
When Infection Detected: <input type="checkbox"/> During initial admission <input type="checkbox"/> During readmission <input type="checkbox"/> Post-discharge surveillance	Type of SSI: <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ/Space
Date of symptom onset (if known): (dd/mm/yyyy)	Culture obtained: <input type="checkbox"/> Y <input type="checkbox"/> N
Date culture obtained: (dd/mm/yyyy)	Is the organism an ARO? <input type="checkbox"/> Y <input type="checkbox"/> N
Organism isolated:	Treatment (optional):
Notes/Comments:	
Reported by:	Date (dd/mm/yyyy):

QUICK GUIDE FOR CDC/NHSN SURVEILLANCE DEFINITIONS

Indicate the criteria met for a surgical site infection by checking the appropriate boxes.

Superficial Incisional SSI Y N

Infection occurs within 30 days (for caesarean sections) after the operative procedure (where day 1 = the procedure date)

AND

involves only skin and subcutaneous tissue of the incision

AND

patient has at least **ONE** (1) of the following:

- 1) Purulent drainage from the superficial incision;
- 2) Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision;
- 3) Superficial incision that is deliberately opened by a surgeon, attending physician, or other designee** and is culture-positive or not cultured (Note: A culture-negative finding does not meet this criterion);

AND

patient has at least **ONE** (1) of the following signs or symptoms of infection:

- pain or tenderness localized swelling redness heat
- 4) Diagnosis of superficial SSI by surgeon, attending physician, or other designee.

Diagnosed by:

**may be interpreted to mean the surgeon(s), infectious disease physician, other physician on the case, emergency physician, or physician's designee (nurse practitioner or physician's assistant).

Deep Incisional SSI Y N

Infection occurs within 30 days (for caesarean sections) after the operative procedure (where day 1 = the procedure date)

AND

involves deep soft tissues of the incision(e.g., fascial and muscle layers)

AND

patient has at least **ONE** (1) of the following:

- 1) Purulent drainage from the deep incision;
- 2) A deep incision that spontaneously dehisces or is deliberately opened by a surgeon, attending physician, or other designee** and is culture-positive or not cultured (NOTE: A culture-negative finding does not meet this criterion);

AND

patient has at least **ONE** (1) of the following signs or symptoms:

- fever >38°C localized pain or tenderness
- 3) An abscess or other evidence of infection involving the deep incision that is detected on direct examination, during an invasive procedure, or by histopathologic examination or imaging test.

Organ/Space SSI Y N

Infection occurs within 30 days (for caesarean sections) after the operative procedure (where day 1 = the procedure date)

AND

involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure

AND

patient has at least **ONE** (1) of the following:

- 1) Purulent drainage from a drain that is placed in the organ/space;
- 2) Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space;
- 3) An abscess or other evidence of infection involving the organ/space that is detected on direct examination, during an invasive procedure, or by histopathologic examination or imaging test.