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| **Patient Information (Denominator Data)** |
| Form ID |  | Insert patient sticker here if available. However, the only mandatory information required for data entry is specified in the adjacent table. |
| Facility ID |  |
| NHI |  |
| Gender | [ ]  M  | [ ] F  | [ ]  Unknown |
| Date of Birth |  / / .  |

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| **Primary Admission/ Discharge** |
| Date of admission |  / / . Click here to enter a date. |
| Date of discharge |  / / . Click here to enter a date. |
| Date of death (if applicable) |  / / . Click here to enter a date. |

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| **Procedure** |
| Date of procedure |  / / . Click here to enter a date. |
| Procedure Code/Description |  . Choose an item. |
| Location of Procedure | [ ]  Left | [ ]  Right |
| Is procedure an emergency? | [ ]  Y | [ ]  N | [ ]  Unknown |
| Surgeon grade | [ ]  ConsultantSpecialty | [ ]  Registrar | [ ]  Locum Consultant | [ ]  Locum Registrar | [ ]  Other |
| Surgeon code |  |
| Antibiotic Cement Used? | [ ]  Y | [ ]  N | [ ]  Unknown |

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| **Risk Score** |
| Wound class | [ ]  Clean | [ ]  Clean-Contaminated | [ ]  Contaminated | [ ]  Dirty or infected |
| Knife to skin time |  / 24hr clock  |
| Wound closure time |  / 24hr clock |
| Duration | *This field will be calculated in the database.* |
| ASA score | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 | [ ]  Not Recorded |

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| **Anaesthetic** |
| Type of anaesthetic | [ ]  General[ ]  Regional – Epidural[ ]  Regional – Spinal[ ]  Regional – Specific Site not Recorded[ ]  Local / Other | [ ]  General and Regional – Epidural[ ]  General and Regional – Spinal[ ]  General and Regional – Other[ ]  Combined Spinal and Epidural[ ]  GA/Combined Spinal and Epidural |

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| **Antibiotic Prophylaxis** |
| *If more than one antibiotic administered use Additional Antibiotic/ Microbiology Form.* |
| **Antibiotic 1 Name**  |  . Choose an item.  |
| Date given |  / / Click here to enter a date. |
| Time given |  / *(24hr clock)* or [ ]  Unknown  |
| Dose and Unit |  . |  Choose an item. |
| When was it administered? |  . Choose an item. |
| **Intra-operative antibiotics** |
| Was an additional dose of antibiotics given intraoperatively e.g. for lengthy procedure? | [ ]  Y | [ ]  N | [ ]  Unknown |  |

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| **Post-operative antibiotics** |
| Were antibiotics given post-operatively? | [ ]  Y | [ ]  N | [ ]  Unknown |  |
| *If yes, were they given for less than 24 hrs* | [ ]  Y | [ ]  N | [ ]  Unknown |  |

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| **Skin Preparation Type Used *(this is an optional field)*** |
| [ ]  Chlorhexidine and alcohol | [ ]  Chlorhexidine |
| [ ]  Povidone iodine and alcohol | [ ]  Povidone iodine |
| [ ]  Unknown | [ ]  Other (Contact SSII Programme team to get added) |

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| **Patient BMI** |
| Height or [ ]  Unknown | Weight or [ ]  Unknown | BMI or [ ]  Unknown |

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| **Pre-operative anti-Staphylococcal bundle** |
| Did the patient receive anti-Staphylococcal aureus bundle? | [ ]  No bundle protocol | [ ]  Y | [ ]  N | [ ]  Unknown |
| If pre-screening was performed on the patient what was the result? (*Select “MRSA Positive” if mixed result*.) | [ ]  N/A *(No pre-screening)* | [ ]  No S.aureus | [ ]  MSSA Positive | [ ]  MRSA Positive | [ ]  Unknown |
| Skin Decolonisation – compliance | [ ]  Full *(all doses)* | [ ]  Partial *(some doses)* | [ ]  Not *(no doses)* | [ ]  N/A *(not in bundle)* | [ ]  Unknown |
| Nasal Decolonisation – compliance | [ ]  Full *(all doses)* | [ ]  Partial *(some doses)* | [ ]  Not *(no doses)* | [ ]  N/A *(not in bundle)* | [ ]  Unknown |

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| **Readmission** |
| Has patient been readmitted? | [ ]  Y | [ ]  N |
| If yes, date of readmission. |  / / . Click here to enter a date. |
| Was readmission due to SSI? | [ ]  Y | [ ]  N |

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| **SSI Details (Numerator Data)** |
| Has SSI criteria been met for this procedure? | [ ]  Y | [ ]  N |
| When was SSI diagnosed? | [ ]  During initial admission[ ]  During readmission up to 30 days post procedure[ ]  During readmission up to 90 days post procedure |
| Date of Infection |  / / . Click here to enter a date. |
| Type of SSI(check decision making flow charts) | [ ]  Superficial (must occur within **30 days** post procedure)[ ]  Deep (must occur within **90 days** post procedure)[ ]  Organ/space (must occur within **90 days** post procedure) |

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| **Microbiology** |
| *If more than one clinical sample taken please use Additional Antibiotic/ Microbiology Form.* |
| Clinical Sample taken? | [ ]  Y | [ ]  N |
| Site of Sample One | [ ]  Blood  | [ ]  Tissue  | [ ]  Aspirate  | [ ]  Wound swab  | [ ]  Other |
| Clinically significant organism?  | [ ]  Y | [ ]  N |
| *If yes, identify organism.* | [ ]  Acinetobacter baumanii [ ]  Candida albicans[ ]  Enterococcus faecalis [ ]  Enterococcus faecium[ ]  Escherichia coli [ ]  Klebsiella oxytoca[ ]  Klebsiella pneumoniae [ ]  Pseudomonas aeruginosa[ ]  Serratia marcescens [ ]  Staphylococcus aureus[ ]  Staphylococcus epidermidis [ ]  Streptococcus pyogenes (GpA)[ ]  Streptococcus agalactiae (GpB) [ ]  Other (please state)[ ]  Not specified . |
| Is the organism an MDRO? | [ ]  Y | [ ]  N |
| *If yes, which of the following?* | [ ]  MRSA  | [ ]  ESBL  | [ ]  VRE  | [ ]  CRO (*includes CRO, CRE, CPE, NDM)* | ☐ Other |

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| **Notes (For your own reference. This is not reviewed by the SSII programme)** |
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