

## Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120)

| Data Field          | Instructions for Data Collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Facility ID         | The NHSN-assigned facility ID will be auto-entered by the computer.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Event #             | Event ID number will be auto-entered by the computer.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Patient ID          | Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.                                                                                                                                                                                                                                                                                                                             |
| Social Security #   | Optional. Enter the 9-digit numeric patient Social Security Number.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Secondary ID        | Optional. Enter the alphanumeric ID number assigned by the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Medicare #          | Optional. Enter the patient's Medicare number.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Patient Name        | Optional. Enter the last, first, and middle name of the patient.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sex                 | Required. Select "F-Female," "M-Male," or "N-Missing."<br><b>NOTE:</b> Select "N-Missing" only if a value of F or M is not available in the medical record.                                                                                                                                                                                                                                                                                                                                           |
| Date of Birth       | Required. Record the date of the patient birth using this format: MM/DD/YYYY.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ethnicity           | Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino; otherwise, select<br>Declined to Respond<br>Unknown<br><br><b>NOTE:</b> Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available.                                                                                                                                                                                             |
| Race                | Optional. Specify one or more of the choices below to identify the patient's race:<br>American Indian or Alaska Native (1002-5)<br>Asian (2028-9)<br>Black or African American (2054-5)<br>Middle Eastern or North African (2118-8)<br>Native Hawaiian or Other Pacific Islander (2076-8)<br>White (2106-3)<br>Declined to respond<br>Unknown<br><br><b>NOTE:</b> Select "Unknown" in the rare circumstance when the patient in non-communicative and/or access to this information is not available. |
| Event Type          | Required. SSI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date of Event (DOE) | Required. The date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period.                                                                                                                                                                                                                                                                                                                                                        |

| Data Field                       | Instructions for Data Collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Date of Event (DOE)              | <p>The DOE must occur within 30 days or 90 days after the NHSN operative procedure (where Day 1 = procedure date), depending on the NHSN operative procedure category. The DOE must reflect the deepest tissue level where SSI criteria are met during the surveillance period.</p> <p>Synonym: infection date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NHSN Procedure Code (Category)   | <p>Required. Enter the appropriate NHSN procedure code name (for example, COLO, HYST). For detailed instructions on how to report NHSN operative procedures, see the <a href="#">SSI</a> protocol.</p> <p><b>Note:</b> An SSI cannot be “linked” to an operative procedure unless that procedure has already been added into the NHSN application. If the procedure was previously added, and the “Link to Procedure” button is clicked (on the SSI event form), the fields pertaining to the procedure will be auto-entered by the computer.</p>                                                                                                                                                                                                                                                                                                                                                                       |
| ICD-10-PCS or CPT Procedure Code | <p>Optional. The <a href="#">ICD-10-PCS</a> or <a href="#">CPT</a> code may be entered here instead of (or in addition to) the NHSN Procedure Code.</p> <p>If the ICD-10-PCS or CPT code is entered, the NHSN procedure code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The NHSN ICD-10-PCS and CPT codes are found in the “Operative Procedure Code Documents” section of the <a href="#">Surgical Site Infection (SSI) Events</a> page on the NHSN website.</p>                                                                                                                                                                                                                                                                         |
| Date of Procedure                | Required. Record the date when the NHSN operative procedure started using this format: MM/DD/YYYY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Outpatient Procedure             | Required. Check ‘Y’ if the NHSN operative procedure was performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day, otherwise check ‘N’.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| MDRO Infection Surveillance      | <p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, <i>Klebsiella aerogenes</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p> <p><b>Note:</b> For an SSI, the location of attribution is the post-op location, therefore answer YES to this question if:</p> <ul style="list-style-type: none"> <li>the event occurs in a different calendar month from the surgical procedure</li> </ul> <p><b>AND</b></p> |

| Data Field                                       | Instructions for Data Collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| MDRO Infection Surveillance                      | <ul style="list-style-type: none"> <li>the facility is performing Infection Surveillance for the organism causing the SSI in the post-op location for the month reported in the Date of Event.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date Admitted to Facility                        | Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI attributed to an NHSN operative procedure performed during a previous admission, enter the date of admission of the facility stay in which the NHSN operative procedure was performed. When determining a patient's admission date, the date recorded is the date of admit for the admission during which the operative procedure is performed. The date for 'admitted to facility' may be the calendar day of surgery or earlier but not later than day of surgery.                                                                                                                 |
| Location                                         | <p>Conditionally required if MDRO Infection Surveillance field = Yes. Enter the inpatient location (Operating Room locations are not allowed) to which the patient was assigned on the date of the SSI event. If the date of the SSI occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p> <p>If the patient is readmitted with the SSI during the surveillance period, enter the inpatient location (Operating Room locations are not allowed) that the patient was discharged from for the facility stay in which the NHSN operative procedure was performed.</p> |
| Event Details: Specific event                    | Required. Check the appropriate level of SSI from the list<br>___ Superficial incisional primary (SIP)<br>___ Superficial incisional secondary (SIS)<br>___ Deep incisional primary (DIP)<br>___ Deep incisional secondary (DIS)<br>___ Organ/space: _____ (Indicate specific site code from Table 3 of the <a href="#">SSI</a> protocol.)                                                                                                                                                                                                                                                                                                                                                                                        |
| Event Details: Specify Criteria Used             | Required. Check each of the elements of the definition that were used to identify the specific type of SSI. For organ/space SSI events, refer to the <a href="#">Surveillance Definitions</a> Chapter 17 for site-specific criteria.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Infection present at the time of surgery (PATOS) | Required. Check 'Y' if there is evidence of infection visualized (seen) during the surgical procedure to which the SSI is attributed. The evidence of infection must be noted intraoperatively and documented within the narrative portion of the operative note or report of surgery. Only select PATOS = 'Y' if it applies to the depth of the SSI that is being attributed to the procedure. See SSI Event Reporting Instruction #3 within the <a href="#">SSI</a> protocol for full details regarding how to apply the PATOS definition.                                                                                                                                                                                      |
| Event Details: Detected                          | Required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Data Field                                           | Instructions for Data Collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Event Details:<br>Detected                           | <p>Check 'A' if SSI was identified <b>before the patient was discharged</b> from the facility following the procedure.</p> <p>Check 'P' if SSI was identified in a patient <b>not readmitted to any facility</b> (SSI detected only as part of post-discharge surveillance). This includes patients seen in the Emergency Department for work-up of SSI but not readmitted to any facility. Do not select 'P' if patient is subsequently readmitted to a facility, instead check either 'RF' or 'RO' as appropriate.</p> <p>Check 'RF' if SSI was identified due to patient <u>readmission</u> to the facility <b>where the procedure was originally performed</b>. Check 'RF' regardless of readmission to a prior facility.</p> <p>Check 'RO' if SSI was identified due to patient <u>readmission</u> to a facility <b>other than where the procedure was performed</b>. Only check 'RO' if SSI was identified in a patient that was <u>not</u> readmitted to the facility where procedure was originally performed.</p> |
| Event Details:<br>Secondary<br>bloodstream infection | Required. Check 'Y' if there is a bloodstream infection (BSI) identified secondary to the SSI, otherwise check 'N'. For detailed instructions on identifying whether a blood specimen identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix B of the <a href="#">BSI Event Protocol</a> ). The secondary BSI attribution period for SSI is a 17-day period that includes the SSI date of event, 3 days prior and 13 days after.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Event Details:<br>Died                               | Required. Check 'Y' if patient died during the hospitalization, otherwise check 'N'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Event Details:<br>SSI Contributed to<br>Death        | Conditionally required. If patient died, check 'Y' if such evidence is available (for example, death/discharge note, autopsy report, etc.), otherwise check 'N'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Event Details:<br>Discharge Date                     | Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an NHSN operative procedure performed in a previous admission, enter the date of discharge of the facility stay in which the NHSN operative procedure was performed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| COVID-19                                             | <p>Required. Check 'Y' if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check 'N'.</p> <p>Confirmed: A patient with a positive COVID-19 (SARS CoV-2) laboratory viral test indicating current infection (<b>NOTE:</b> this does not include serology testing for antibody).</p> <ul style="list-style-type: none"> <li>Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the SSI date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status.</li> <li>Answer COVID-19 as 'NO' if the most recent lab test prior to or on the SSI date of event is negative.</li> </ul>                                                                                                                                                                                                                                                                                   |

| Data Field                                                                                                      | Instructions for Data Collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Event Details:<br>Pathogens Identified                                                                          | Required. Enter 'Y' if a pathogen was identified, 'N' if otherwise. If 'Y', specify organism name on the event form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms | Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen identified to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN organism list, then select the genus (for example, <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> ). |
| Antimicrobial agent and susceptibility results                                                                  | Conditionally required if Pathogen Identified = 'Y'. <ul style="list-style-type: none"> <li>For those organisms shown on the event form, susceptibility results are required only for the agents listed.</li> <li>For organisms that are not listed on the event form, the entry of susceptibility results is optional.</li> </ul> <p>Circle the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>                                                                      |
| Custom Fields                                                                                                   | Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. <p><b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>                                                                                                                                                                                                                                                                                   |
| Comments                                                                                                        | Optional. Enter any information on the SSI event.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |