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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 | / / . | | | |
| **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 Category  *(Select priority if multiple procedures)* | CARD | | CBGB | | | CBGC | |
| Procedure description  *(Select only one ICD10 code depending on procedure category selected above)* | .  CARD Procedure Codes *Choose an item.*  CBGB Procedure Codes *Choose an item.*  CBGC Procedure Codes *Choose an item.* | | | | | | |
| Is operation due to infection? | Y | | N | | | Unknown | |
| Is procedure an emergency? | Y | | N | | | Unknown | |
| Surgeon grade | Consultant | Specialty  Registrar | | Locum Consultant | Locum Registrar | | Other |
| Surgeon code |  | | | | | | |

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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 | | | | | | | | | | | | | |
| ASA score | 1 | 2 | | | 3 | | 4 | | | 5 | | | | Not Recorded |
| **Anaesthetic** | | | | | | | | | | | | | | |
| Type of anaesthetic | General | | | | | Other | | | | | Not Recorded | | | |
| **Pre-operative Information** | | | | | | | | | | | | | | |
| Diabetes Mellitus | N | | | Type I | | | | Type II | | | | Unknown | | |
| Smoking | Y | | | N | | | | | | | | Unknown | | |
| Hair Removal | Clipping | | | Shaving | | | | Other | | | | Unknown | | |

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| **Antibiotic Prophylaxis** | | | | | | |
| *If more than one antibiotic administered use Additional Antibiotic/ Microbiology Form.* | | | | | | |
| Was antibiotic prophylaxis given? | Y | N | | Unknown | | |
| **Antibiotic 1 Name** | . *Choose an item.* | | | | | |
| Date given | / / *Click here to enter a date.* | | | | | |
| Time given | / 24hr clock | | |  | | |
| Dose and Unit | . | *Choose an item.* | | | | |
| When was it administered? | . *Choose an item.* | | | | | |
| **Intra-operative antibiotics** | | | | | | |
| Additional dose on Bypass? | | Y | N | | Unknown | N/A |
| Was an additional dose of antibiotics given intraoperatively e.g. for lengthy procedure? | | Y | N | | Unknown |  |
| **Post-operative antibiotics** | | | | | | |
| Were antibiotics given post-operatively? | | Y | N | | Unknown |  |
| *If yes, were they given for less than 48 hrs* | | Y | N | | Unknown |  |
| **Skin Preparation Type Used** | | | | | | |
| Chlorhexidine and alcohol | | Aqueous Chlorhexidine | | | | |
| Povidone iodine and alcohol | | Other *(Contact SSII Programme team to get added)* | | | | |
| Aqueous povidone iodine | | Unknown | | | | |

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| **Patient BMI** | | | | | |
| Height or  Unknown | Weight or  Unknown | | | BMI or  Unknown | |
| **Post-op Information** | | | | | |
| *Delayed Chest Closure*  Was Chest Open at End of Procedure? | | Y | N | | Unknown |
| *Return to Theatre*  Another chest procedure during this admission? | | Y | N | | Unknown |
| *Glucose Control*  Post-Op Glucose Control? | | Y | N | | 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 (Numerator Data)** | | | | |
| Has patient been readmitted due to SSI? | Y | N | | |
| If yes, date of readmission. | / / . *Click here to enter a date.* | | | |
| **SSI Details (Numerator Data)** | | | | |
| Has SSI criteria been met for this procedure? | Y | N | | |
| Infection Site | Chest Only | Donor Only | | Both sites |
| 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)*  *The following SSIs must occur within* ***90 days*** *post procedure* | | | |
| Deep  Organ/space *– mediastinitis*  Organ space *– myocarditis* | | Organ space *– endocarditis*  Organ space *– pericarditis*  Organ space *– sternal osteomyelitis* | |

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