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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 | [ ]  SpecialtyRegistrar | [ ]  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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