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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 Code/Description | . Choose an item. | | | | |
| Location of Procedure | Left | Right | | | |
| Is procedure an emergency? | Y | N | Unknown | | |
| Surgeon grade | Consultant  Specialty | 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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