

## Surgical Site Infection (Numerator)

THIS DATA MUST BE SUBMITTED ONLINE USING A VICNISS WEBFORM

Patient & Procedure Details		Hospital name:							
MRN (UR No.):		DOB:				Procedure Date:			
Procedure Group:		<input type="checkbox"/> AAA	<input type="checkbox"/> CARD	<input type="checkbox"/> CHOL	<input type="checkbox"/> CSEC	<input type="checkbox"/> GAST	<input type="checkbox"/> HYST	<input type="checkbox"/> PACE	<input type="checkbox"/> VHSN
		<input type="checkbox"/> APPY	<input type="checkbox"/> CBGB	<input type="checkbox"/> COLO	<input type="checkbox"/> FPOP	<input type="checkbox"/> HERN	<input type="checkbox"/> KPRO	<input type="checkbox"/> SB	
		<input type="checkbox"/> BRST	<input type="checkbox"/> CBGC	<input type="checkbox"/> CRAN	<input type="checkbox"/> FUNS	<input type="checkbox"/> HPRO	<input type="checkbox"/> LAM	<input type="checkbox"/> VHYS	
Infection Details and Outcome				Date of Event (Infection Date):					
Infection Detected:				<input type="checkbox"/> During admission <input type="checkbox"/> Readmission (where procedure performed) <input type="checkbox"/> Readmission to other facility  <input type="checkbox"/> Post discharge surveillance <input type="checkbox"/> HITH					
Infection Type:				<input type="checkbox"/> Superficial incisional <input type="checkbox"/> Deep incisional <input type="checkbox"/> Organ/Space					
If yes for Organ/Space infection, what was the Organ/Space Site:									
<input type="checkbox"/> Arterial or venous infection (VASC)					<input type="checkbox"/> Myocarditis or pericarditis (CARD)				
<input type="checkbox"/> Breast abcess or mastitis (BRST)					<input type="checkbox"/> Other infections of the lower respiratory tract (LUNG)				
<input type="checkbox"/> Disc space infection (DISC)					<input type="checkbox"/> Osteomyelitis (BONE)				
<input type="checkbox"/> Endocarditis (ENDO)					<input type="checkbox"/> Other infection of the male or female reproductive tract (OREP)				
<input type="checkbox"/> Endometritis (EMET)					<input type="checkbox"/> Periprosthetic joint infection (PJI)				
<input type="checkbox"/> Gastrointestinal tract (GIT)					<input type="checkbox"/> Sinusitis (SINU)				
<input type="checkbox"/> Intracranial infection (IC)					<input type="checkbox"/> Spinal abcess without meningitis (SA)				
<input type="checkbox"/> Intraabdominal, not specified elsewhere (IAB)					<input type="checkbox"/> Urinary system infection (USI)				
<input type="checkbox"/> Mediastinitis (MED)					<input type="checkbox"/> Vaginal cuff infection (VCUF)				
<input type="checkbox"/> Meningitis or ventriculitis (MEN)									
Infection Present at time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No									
CBGB only: Infection Site(s): <input type="checkbox"/> Chest <input type="checkbox"/> L Radial <input type="checkbox"/> R Radial <input type="checkbox"/> L Saphenous <input type="checkbox"/> R Saphenous									
Bilateral/2 Incision Procedures Only: Location of Infection: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Other (specify): _____									
Pathogen Details									
Pathogen Isolated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of pathogen/s:		1. _____ <small>If listed below, complete antimicrobial susceptibility.</small> 2. _____ 3. _____					
Antimicrobial Susceptability – see over page									

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Antimicrobial Susceptibility - Record: S=Susceptible, I=Intermediate, R=Resistant*, or U=Unknown														
Gram Positive Organisms														
	Cefoxitin	Ciprofloxacin	Cindamycin	Daptomycin	Doxycycline	Fucoxadillin	Gentamicin – high level test							
CNS (all species)								Linezolid						
<i>Enterococcus faecium</i>								Methicillin						
<i>Enterococcus faecalis</i>								Minocycline						
Enterococcus spp.								Moxifloxacin						
<i>Staphylococcus aureus</i>								Oxacillin						
									Penicillin					
									Rifampicin					
									Ticopanin					
									Tetracycline					
									Tigecycline					
									Trimethoprim/Sulfamethoxazole					
									Vancomycin					

Antimicrobial Susceptibility - Record: S=Susceptible, I=Intermediate, R=Resistant*, or U=Unknown														
Gram Negative Organisms														
	Amikacin	Amoxicillin-Clavulanic Acid	Ampicillin	Aztreonam	Cefalexin	Cefazolin	Cefepime	Cefotaxime	Ceftazidime	Ceftazidime/Avibactam	Ceftiofur/Tazobactam	Ceftriaxone	Ciprofloxacin	Colistin
Acinetobacter spp.														
<i>Escherichia coli</i>														
Enterobacter spp.														
Klebsiella spp.														
<i>Pseudomonas aeruginosa</i>														
<i>Serratia marcescens</i>														

Antimicrobial Susceptibility - Record:														
S=Susceptible, R=Resistant, I=Intermediate, U=Unknown, or S-DD= Susceptible-dose dependent^														
Candida Species <i>(specify name of organism if available)</i>	Anidulafungin	Caspofungin	Fluconazole^	Itraconazole^	Micafungin	Posaconazole	Voriconazole^							
Candida_____														
Candida_____														

Note:

\* Resistant is equivalent to non-susceptible

^ Susceptible-Dose Dependent (S-DD) is only applicable to Fluconazole, Itraconazole and Voriconazole