

Surgical Procedure (Denominator)

THIS DATA MUST BE SUBMITTED ONLINE USING A VICNISS WEBFORM

Patient & Procedure Details			Hospital name:			MRN (UR No.):			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		DOB:		Admit Date:		Discharge Date:			
Procedure Group:		<input type="checkbox"/> AAA <input type="checkbox"/> BRST <input type="checkbox"/> CBGB <input type="checkbox"/> CHOL <input type="checkbox"/> CRAN <input type="checkbox"/> FPOP <input type="checkbox"/> GAST <input type="checkbox"/> HPRO <input type="checkbox"/> KPRO <input type="checkbox"/> PACE <input type="checkbox"/> VHYS		<input type="checkbox"/> APPY <input type="checkbox"/> CARD <input type="checkbox"/> CBGC <input type="checkbox"/> COLO <input type="checkbox"/> CSEC <input type="checkbox"/> FUSN <input type="checkbox"/> HERN <input type="checkbox"/> HYST <input type="checkbox"/> LAM <input type="checkbox"/> SB <input type="checkbox"/> VSHN					
ACHI codes/s: _____ OR MBS Code/s: _____ OR Name of Procedure: _____									
Procedure Date:		Start Time ¹ : <input type="checkbox"/> NA		Finish Time ¹ : <input type="checkbox"/> NA		Surgeon (coded):			
ASA Score: 1 2 3 4 5 NA		Wound Class: C CC CO D NA		Height (metres): <input type="checkbox"/> NA		Weight: (kg): <input type="checkbox"/> NA			
General Anaesthesia: <input type="checkbox"/> Y <input type="checkbox"/> N		Emergency: <input type="checkbox"/> Y <input type="checkbox"/> N		Diabetes Mellitus: <input type="checkbox"/> Y <input type="checkbox"/> N		Trauma: <input type="checkbox"/> Y <input type="checkbox"/> N			
Closure Technique: <input type="checkbox"/> Primary <input type="checkbox"/> Non-primary			Laparoscope: <input type="checkbox"/> Y <input type="checkbox"/> N		Robotic Assist: <input type="checkbox"/> Y <input type="checkbox"/> N				
HPRO/KPRO/BRST/HERN: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral/2 Incisions ²			CSEC: Duration of Labour (hours): _____ or <input type="checkbox"/> No labour						
HPRO/KPRO: (select one) <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Resurfacing (HPRO only)			(select one) <input type="checkbox"/> Primary <input type="checkbox"/> Revision – if revision, was it associated with prior infection at index joint? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA						
FUSN: Approach/Technique: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior & Posterior <input type="checkbox"/> NA									
Spinal Level: <input type="checkbox"/> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbosacral <input type="checkbox"/> NA									
Surgical Antimicrobial Prophylaxis (SAP)			Prophylactic Antibiotic Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA						
Antibiotic (Generic name)		Dose (mg)	Route	Time of Administration				Antibiotic Continued:	
				Time Given	If exact time not given, tick box below			Beyond end of surgery	If yes, >24hrs post-op
1 st Dose:									
					<input type="checkbox"/> >1hr prior to incision <input type="checkbox"/> Within 1hr prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> >1hr prior to incision <input type="checkbox"/> Within 1hr prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vancomycin ³		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> >120min prior to incision <input type="checkbox"/> ≥15 to ≤120mins prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> <15mins prior to incision <input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Clindamycin ³		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> >120min prior to incision <input type="checkbox"/> ≥15 to ≤120mins prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Gentamycin ³		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> >120min prior to incision <input type="checkbox"/> ≥15 to ≤120mins prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Metronidazole ³		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> >120min prior to incision <input type="checkbox"/> ≥15 to ≤120mins prior to incision		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> On induction <input type="checkbox"/> After Incision <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2 nd Dose:		Did the surgery continue >4hrs after initial antibiotic pre-operative dose? <input type="checkbox"/> Yes <input type="checkbox"/> No							
		If yes, was the redosing of Cephazolin 4hrs from the initial preoperative dose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required ⁴ <input type="checkbox"/> NA							
Other Antibiotic		In addition to SAP (listed above), was the patient receiving antibiotics prior to surgery (last 24hrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA							
Antibiotic (Generic name)		Dose (mg)	Route	Time of Administration					
				Time Given (last dose before surgery)	If exact time not available, tick a box below				
					<input type="checkbox"/> ≤1hr prior to incision <input type="checkbox"/> >4 - ≤12hrs prior to incision				
					<input type="checkbox"/> >1- ≤4hrs prior to incision <input type="checkbox"/> > 12 hr prior to incision				
					<input type="checkbox"/> ≤1hr prior to incision <input type="checkbox"/> >4 - ≤12hrs prior to incision				
					<input type="checkbox"/> >1- ≤4hrs prior to incision <input type="checkbox"/> > 12 hr prior to incision				
Outcome		Infection Detected: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Event (Infection Date):				
CBGB Only:		Infection Site (s) ⁵ : <input type="checkbox"/> Chest <input type="checkbox"/> R Radial <input type="checkbox"/> L Radial <input type="checkbox"/> R saphenous <input type="checkbox"/> L saphenous							

1. If bilateral/2incisions HPRO/KPRO/BRST/HERN procedures are performed concurrently, duration of procedure should be inclusive of both procedures e.g. Left and right procedures. If performed sequentially and there are two procedure durations documented, submit the longest duration or if only one procedure duration divide by two and record half the entire duration.

2. Tick if two procedures (from the same procedure group) requiring 2 incisions were performed at the same time, e.g. left and right KPRO, umbilical and femoral HERN

3. Vancomycin, clindamycin, gentamicin & metronidazole – to accurately assess administration compliance the estimated start time intervals are specific to these antibiotics

4. Select 'Not Required' in settings where creatinine clearance <10ml/min (or eGFR<10) and antibiotic re-dosing is not required.

5. For CBGB procedures only - indicate all infection sites and complete a separate Surgical Site Infection (Numerator) Form for each infection.