

Surgical Site Infection Form

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Patient Information		
*Medical Record No (MRN):	National ID/IQAMA #:	*Client HESN ID:
Patient Name (4 names)	*Gender: F <input type="checkbox"/> M <input type="checkbox"/>	Age:
Nationality (Specify):	Country:	Region/Health Affairs:
Telephone No:	Mobile No:	Additional ID:
Address type: Primary home <input type="checkbox"/> No fixed address <input type="checkbox"/> temporary address <input type="checkbox"/> postal address <input type="checkbox"/> vacation home <input type="checkbox"/>		
*Date Admitted to Facility:		*Location(Area/Unit):
Pre-operation		
*Pre-procedure diagnosis:		Out-patient procedure: yes <input type="checkbox"/> no <input type="checkbox"/>
Emergency: yes <input type="checkbox"/> no <input type="checkbox"/>		
*Surgical Procedure:		*Date of procedure:
Operative Surgeon Code:	Height:	Weight:
If Caesarian section, duration of labor in minutes:		
SSI Event		
SSI Event Detected: Yes <input type="checkbox"/> No <input type="checkbox"/> In case of event, SSI Event Date: DD/MM/YYYY_____		
Detected period: A (During admission) RF (Readmission to the facility where procedure performed) RO (Readmission to a facility other than where the procedure was performed) P (Post-discharge surveillance)		
Infection present at the time of surgery (PATOS): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Specify Criteria Used (circle all that apply)		
Signs and symptoms: Fever/Pain/Swelling/Heat/redness/Wound dehisces/Vomiting/Cough/abscess/Apnea/others_____		
Other evidence of infection found on invasive procedures, gross anatomic exams, or histopathologic exam		
Laboratory: Organism(s) identified / Culture or non-culture-based testing not performed / Organism(s) identified from blood specimen/ Organism(s) identified from >= 2 per prosthetic specimens Other positive laboratory Imaging test evidence of infection		
Clinical Diagnosis: Physician diagnosis of this event type / Physician institutes appropriate antimicrobial therapy		
SSI Category: Specific Event		
<input type="checkbox"/> Superficial Incisional Primary (SIP)	<input type="checkbox"/> Superficial Incisional Secondary (SIS)	
<input type="checkbox"/> Deep Incisional Primary (DIP)	<input type="checkbox"/> Deep Incisional Secondary (DIS)	<input type="checkbox"/> Organ/Space
Post-Procedure BSI/ BSI Secondary to Surgery: Yes <input type="checkbox"/> No <input type="checkbox"/> Hospitalization Death: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Death Date: (SSI Contributed to Death) Yes <input type="checkbox"/> No <input type="checkbox"/> Pathogens Identified: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, specify in the next page		

Surgical Site Infection Bundles and Event Form

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ORGANISM AND SENSITIVITY

Patient's Name:		MRN:		Unit/Ward:	
Age:	Gender: M/F	Date/Time of Specimen Collection:		Date /Time of Record:	
Type of Specimen: <input type="checkbox"/> Sputum <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> blood <input type="checkbox"/> Urine <input type="checkbox"/> BAL <input type="checkbox"/> Body tissue <input type="checkbox"/> Wound swab <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Body fluids <input type="checkbox"/> Others <input type="checkbox"/> Stool					
Name of Organism/s:					
ANTIMICROBIAL SENSITIVITY:					
For Gram Positive Organism		For Gram Negative organism		For Fungus Organism	
For Mycobacterial Organism					
1. Ciprofloxacin		1. Amikacin	16. Colistin	1. Amifulafungin	1. Ciprofloxacin
2. Levofloxacin		2. Ampicillin	17. Polymycin B	2. Caspofungin	2. Isoniazid
3. Moxifloxacin		3. Ampicillin sulbactam	18. Ertapenem	3. Fluconazole	3. Rifampicin
4. Clindamycin		4. Aztreonam	19. Gentamicin	4. Flucytosine	4. Ethambutol
5. Daptomycin		5. Amoxiclav	20. Imipenem	5. Iitraconazole	5. Pyrazinamide
6. Doxycycline		6. Cefazolin	21. Meropenem	6. Micafungin	6. Clarithromycin
7. Minocycline		7. Cefepime	22. Doripenem	7. Variconazole	7. Capreomycin
8. Erythromycin		8. Cefotaxime	23. Piperacillin/Tazobactam		8. Cycloserine
9. Gentamicin		9. Cefuroxime	24. Tetracycline		9. Kanamycin
10. Linezolid		10. Ceftriaxone	25. Doxycycline		10. Amikacin
11. Oxacillin		11. Ceftazidime	26. Minocycline		11. Streptomycin
12. Cefoxitin		12. Cefoxitin	27. Tigecycline		
13. Methicillin		13. Cefotetam	28. Levofloxacin		
14. Rifampicin		14. Ciprofloxacin	29. Moxifloxacin		
15. Tetracycline		15. Trimethoprim Sulfamethoxazole	30. Tobramycin		
16. Trimethoprim Sulfamethoxazole					
17. Vancomycin					

• Write for every antibiotic according to their sensitivity: **S- Susceptible** **I- Intermediate** **R- Resistant** **NT- not tested**