

# NeoIPC – Infection Data Collection Sheet



## Surgical Site Infection (SSI)

Patient	
<b>Patient ID:</b>	
<b>Patient name:</b>	
Surgical Site Infection	
<b>Infection date:</b>	
<b>SSI type:</b> <input type="radio"/> Superficial (skin, subcutaneous) <input type="radio"/> Deep (fascial and muscle) <input type="radio"/> Organ/Space (deeper than fascial/muscle)	<b>Infection present at time of surgery:</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Organism(s) identified from surgical site:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <b>If you chose YES, please enter the organism(s):</b> <b>Organism 1:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <b>Organism 2:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <b>Organism 3:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
<b>Clinical signs and symptoms:</b> <input type="checkbox"/> Purulent drainage from the incision <input type="checkbox"/> Purulent drainage from a drain <input type="checkbox"/> Incision deliberately opened or aspirated <input type="checkbox"/> Incision spontaneously dehisces <input type="checkbox"/> Abscess or other evidence of infection	<input type="checkbox"/> Localized pain or tenderness <input type="checkbox"/> Localized swelling <input type="checkbox"/> Localized erythema <input type="checkbox"/> Localized heat <input type="checkbox"/> Fever (> 38 °C) or hypothermia (< 36.5 °C) or temperature instability
<b>Secondary BSI:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up <b>If you chose YES, please enter organism(s) recovered from blood culture:</b> <b>Organism 1:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <b>Organism 2:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <b>Organism 3:</b> _____ <input type="checkbox"/> MRSA/VRE/3GCR <sup>1</sup> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	

You can select only one option.

You can select multiple options.

<sup>1</sup> Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.