

Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Sex at Birth (Birth Sex)	Optional. Select the patient's sex assigned at birth. Male Female Unknown
Gender Identity	Optional. Specify the gender identity/identities which most closely matches how the patient self-identifies. Multiple selections are allowed, except when selecting "Asked but unknown." Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino; otherwise, select Declined to Respond Unknown NOTE: Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian or Alaska Native (1002-5) Asian (2028-9)

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	<p>Black or African American (2054-5) Middle Eastern or North African (2118-8) Native Hawaiian or Other Pacific Islander (2076-8) White (2106-3) Declined to respond Unknown</p> <p>NOTE: Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Language	<p>Optional. Specify the patient’s preferred language from the NHSN abridged primary language list available at: https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx. Declined to respond Unknown</p> <p>NOTE: Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Interpreter Needed?	<p>Optional. Select YES if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO. Declined to respond Unknown</p> <p>NOTE: Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Event Type	Required. SSI.
Date of Event (DOE)	<p>Required. The date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period.</p> <p>The DOE must occur within 30 days or 90 days after the NHSN operative procedure (where Day 1 = procedure date), depending on the NHSN operative procedure category. The DOE must reflect the deepest tissue level where SSI criteria are met during the surveillance period. Synonym: infection date.</p>
NHSN Procedure Code	<p>Required. Enter the appropriate NHSN procedure code name (for example, COLO, HYST). For detailed instructions on how to report NHSN operative procedures, see the SSI protocol.</p> <p>Note: An SSI cannot be “linked” to an operative procedure unless that procedure has already been added into the NHSN application. If the procedure was previously added, and the “Link to Procedure” button is clicked (on the SSI event form), the fields pertaining to the procedure will be auto-entered by the computer.</p>

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ICD-10-PCS or CPT Procedure Code	<p>Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code.</p> <p>If the ICD-10-PCS or CPT code is entered, the NHSN procedure code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The NHSN ICD-10-PCS and CPT codes are found in the “Operative Procedure Code Documents” section of the Surgical Site Infection (SSI) Events page on the NHSN website.</p>
Date of Procedure	Required. Record the date when the NHSN operative procedure started using this format: MM/DD/YYYY.
Outpatient Procedure	Required. Check Y if the NHSN operative procedure was performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day, otherwise check N.
MDRO Infection Surveillance	<p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, <i>Klebsiella aerogenes</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p> <p>Note: For an SSI, the location of attribution is the post-op location, therefore answer YES to this question if:</p> <ul style="list-style-type: none"> • the event occurs in a different calendar month from the surgical procedure <p>AND</p> <ul style="list-style-type: none"> • the facility is performing Infection Surveillance for the organism causing the SSI in the post-op location for the month reported in the Date of Event.
Date Admitted to Facility	<p>Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI attributed to an NHSN operative procedure performed during a previous admission, enter the date of admission of the facility stay in which the NHSN operative procedure was performed.</p> <p>When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such days, including any days spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location.</p>

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Location	<p>Conditionally required if MDRO Infection Surveillance field = Yes. Enter the inpatient location (Operating Room locations are not allowed) to which the patient was assigned on the date of the SSI event. If the date of the SSI occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p> <p>If the patient is readmitted with the SSI during the surveillance period, enter the inpatient location (Operating Room locations are not allowed) that the patient was discharged from for the facility stay in which the NHSN operative procedure was performed.</p>
Event Details: Specific event	<p>Required. Check the appropriate level of SSI from the list</p> <p><input type="checkbox"/> Superficial incisional primary (SIP)</p> <p><input type="checkbox"/> Superficial incisional secondary (SIS)</p> <p><input type="checkbox"/> Deep incisional primary (DIP)</p> <p><input type="checkbox"/> Deep incisional secondary (DIS)</p> <p><input type="checkbox"/> Organ/space: _____ (Indicate specific site code from Table 3 of the SSI protocol.)</p>
Event Details: Specify Criteria Used	<p>Required. Check each of the elements of the definition that were used to identify the specific type of SSI. Specific organ/space event types have their own unique criteria which must be met. They are found in the Surveillance Definitions chapter.</p>
Infection present at the time of surgery (PATOS)	<p>Required. Check Y if there is evidence of infection visualized (seen) during the surgical procedure to which the SSI is attributed. The evidence of infection must be noted intraoperatively and documented within the narrative portion of the operative note or report of surgery. Only select PATOS = Y if it applies to the depth of the SSI that is being attributed to the procedure. See SSI Event Reporting Instruction #3 within the SSI protocol for full details regarding how to apply the PATOS definition.</p>
Event Details: Detected	<p>Required.</p> <p>Check A if SSI was identified before the patient was discharged from the facility following the procedure.</p> <p>Check P if SSI was identified in a patient not readmitted to any facility (SSI detected only as part of post-discharge surveillance). This includes patients seen in the Emergency Department for work-up of SSI but not readmitted to any facility. Do not select 'P' if patient is subsequently readmitted to a facility, instead check either RF or RO as appropriate.</p> <p>Check RF if SSI was identified due to patient readmission to the facility where the procedure was originally performed. Check RF regardless of readmission to a prior facility.</p> <p>Check RO if SSI was identified due to patient readmission to a facility other than where the procedure was performed. Only check RO if SSI was identified in a</p>

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	patient that was <u>not</u> readmitted to the facility where procedure was originally performed.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a bloodstream infection (BSI) identified secondary to the SSI, otherwise check N. For detailed instructions on identifying whether a blood specimen identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix B of the BSI Event Protocol). The secondary BSI attribution period for SSI is a 17-day period that includes the SSI date of event, 3 days prior and 13 days after.
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: SSI Contributed to Death	Conditionally required. If patient died, check Y if such evidence is available (for example, death/discharge note, autopsy report, etc.), otherwise check N.
Event Details: Discharge Date	Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an NHSN operative procedure performed in a previous admission, enter the date of discharge of the facility stay in which the NHSN operative procedure was performed.
COVID-19	<p>Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N.</p> <p>Confirmed: A patient with a positive COVID-19 (SARS CoV-2) laboratory viral test indicating current infection (NOTE: this does not include serology testing for antibody).</p> <ul style="list-style-type: none"> • Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the SSI date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status. • Answer COVID-19 as 'NO' if the most recent lab test prior to or on the SSI date of event is negative.
Event Details: Pathogens Identified	Required. Enter Y if a pathogen was identified, N if otherwise. If Y, specify organism name on the event form.
Pathogen # for specified Gram- positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN organism list, then select the genus (for example, <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i>).
Antimicrobial agent and susceptibility results	<p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> • For those organisms shown on the event form, susceptibility results are required only for the agents listed.

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	<ul style="list-style-type: none"> For organisms that are not listed on the event form, the entry of susceptibility results is optional. Circle the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information on the SSI event.