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

<table>
<thead>
<tr>
<th>Data Field</th>
<th>Instructions for Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID</td>
<td>The NHSN-assigned facility ID will be auto-entered by the computer.</td>
</tr>
<tr>
<td>Event #</td>
<td>Event ID number will be auto-entered by the computer.</td>
</tr>
<tr>
<td>Patient ID</td>
<td>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.</td>
</tr>
<tr>
<td>Social Security #</td>
<td>Optional. Enter the 9-digit numeric patient Social Security Number.</td>
</tr>
<tr>
<td>Secondary ID</td>
<td>Optional. Enter the alphanumeric ID number assigned by the facility.</td>
</tr>
<tr>
<td>Medicare #</td>
<td>Conditionally required. Enter the patient’s Medicare number for all events reported as part of a CMS Quality Reporting Program.</td>
</tr>
<tr>
<td>Patient Name</td>
<td>Optional. Enter the last, first, and middle name of the patient.</td>
</tr>
<tr>
<td>Gender</td>
<td>Required. Check Female, Male, or Other to indicate the gender of the patient.</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Required. Record the date of the patient birth using this format: MM/DD/YYYY.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.</td>
</tr>
<tr>
<td>Race</td>
<td>Optional. Specify one or more of the choices below to identify the patient’s race: American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White.</td>
</tr>
<tr>
<td>Event Type</td>
<td>Required. Enter SSI.</td>
</tr>
<tr>
<td>Date of Event</td>
<td>Required. The date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period. Synonyms: infection date, date of infection. Date of event must be within 30 days or 90 days of the date of procedure, depending on the operative procedure category (see Table 2 of the SSI chapter).</td>
</tr>
<tr>
<td>NHSN Procedure Code</td>
<td>Required. Enter the appropriate NHSN procedure code. For detailed instructions on how to report NHSN operative procedures, see the SSI chapter. <strong>Note:</strong> An SSI cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the operation will be auto-entered by the computer.</td>
</tr>
<tr>
<td><strong>ICD-10-PCS or CPT Procedure Code</strong></td>
<td>Optional. The ICD-10-PCS or CPT code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-10-PCS or CPT code is entered, the NHSN 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 only allowed ICD-10-PCS or CPT codes are those found in the excel documents in the SSI section of the NHSN website in the “Supporting Materials’ section. <a href="http://www.cdc.gov/nhsn/xls/icd-10-pcs-pcm-nhsn-opc.xlsx">http://www.cdc.gov/nhsn/xls/icd-10-pcs-pcm-nhsn-opc.xlsx</a> <a href="http://www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx">http://www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx</a></td>
</tr>
<tr>
<td><strong>Date of Procedure</strong></td>
<td>Required. Record the date when the NHSN procedure started using this format: MM/DD/YYYY.</td>
</tr>
<tr>
<td><strong>Outpatient Procedure</strong></td>
<td>Required. Check Y, if NHSN operative procedure is performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day, otherwise check N. Procedures performed at ASCs are outpatient procedures.</td>
</tr>
</tbody>
</table>
| **MDRO Infection Surveillance** | 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-Klebsiella, CRE (E. coli, Klebsiella pneumoniae, Klebsiella oxytoca, or Enterobacter), MDR-Acinetobacter, or C. difficile. 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. **Note:** For an SSI, the location of attribution is the post-op location, therefore answer YES to this question if:  
  • the event occurs in a different calendar month from the surgical procedure  
  **AND**  
  • 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** | Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an operative procedure performed during a previous admission, enter the date of admission of the facility stay in which the operative procedure was performed.  
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.

| Location | Conditionally required if MDRO Infection Surveillance field is Yes. Enter the inpatient location 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).

If the patient is readmitted with the SSI during the surveillance period use the location that the patient was discharge from the stay that the OR procedure was performed.

Inpatient or outpatient locations are allowed, but Operating Room locations are not allowed.

| Event Details: Specific event | Required. Check the appropriate level of SSI from the list
- Superficial incisional primary (SIP)
- Superficial incisional secondary (SIS)
- Deep incisional primary (DIP)
- Deep incisional secondary (DIS)
- Organ/space: __ (Indicate specific site code from Table 3 of the SSI chapter.)

| Event Details: Specify Criteria Used | 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.

| Infection present at the time of surgery (PATOS) | Required. Check Y if there is evidence of an infection or abscess at the start of, or during, the index surgical procedure (in other words, it is present preoperatively). The evidence of infection or abscess must be noted/documentated intraoperatively in an intraoperative note (immediate postoperative note). See SSI protocol for full details regarding how to apply the PATOS definition.

| Event Details: Detected | Required. Check A if SSI was identified before the patient was discharged from the facility following the operation. Check P if SSI was identified only as part of post-discharge surveillance. Include as P those SSI identified in the Emergency Department but not readmitted to the facility. Alternatively, if patient was identified by post-discharge surveillance but was also readmitted to the facility, check either RF or RO as appropriate. Check RF if SSI was identified due to patient readmission to the facility where the operation was performed. Check RO if SSI was identified due to readmission to facility other than where the operation was performed.
### Event Details:
**Secondary bloodstream infection**
Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related healthcare-associated infection at the surgical site, otherwise check N. For detailed instructions on identifying whether the blood culture represents a secondary BSI, refer to the Secondary BSI Guide (Appendix 1 of the BSI Event Protocol). The secondary BSI attribution period for SSI is a 17-day period that includes the 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 (e.g., 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 operative procedure performed in a previous admission, enter the date of discharge of the facility stay in which the operative procedure was performed.

### Event Details:
**Pathogens Identified**
Required. Enter Y if a pathogen was identified, N if otherwise. If Y, specify organism name on reverse.

### 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 “spp” choice for the genus (e.g., *Bacillus natto* is not on the list so would be reported as *Bacillus spp.*).

### Antimicrobial agent and susceptibility results
Conditionally required if Pathogen Identified = Y.
- For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed.
- For organisms that are not listed on the back of an 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 event.