Ambulatory Surgery: Surgical Site Infection Surveillance

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PATIENT NAME _____ MRN _____

PROCEDURE _____ PROCEDURE DATE _____

SURGEON _____ FACILITY _____

Has the patient experienced any of the following since surgery (new onset)?
Date of onset: _____

___ wound dehiscence
___ seroma
___ purulent drainage
___ pain/tenderness erythema/heat
___ localized swelling
___ erythema/heat
___ abscess
___ hematoma
___ fever (>38C)

2. Cultures taken? Y N Results _____

3. Has the patient been placed on antibiotics since procedure date? Y N

If yes, antibiotic, dose and date _____

4. Was the wound opened or debrided? Y N

5. Other infections: _____

6. Has the patient been readmitted to the hospital since surgery? Y N

If yes: Date _____ Facility _____

7. SSI type: Superficial Deep Organ/Space SSI

8. Comments:

Name of person contacted at surgeon's office: _____
Identification Method

SURGEON REFERRAL MICROBIOLOGY READMISSION