



**Surgical Site Infection Surveillance Form/ Operative Procedure Form**

**Section 1: Patient and Hospital Information:**

Full Name الإسم الثلاثي	Gender الجنس	Male / ذكر Female/ أنثى	Date of Birth تاريخ الميلاد DD/MM/YYYY
<input type="checkbox"/> National ID/الهوية الوطنية <input type="checkbox"/> Iqama/الإقامة <input type="checkbox"/> Passport / الجواز <input type="checkbox"/> Border Number / رقم الحدود		Additional ID / الهوية الإضافية ..... Medical Record / السجل الطبي .....	
The Number / رقمها .....	Telephone yes. / رقم الهاتف	Country / الدولة	Region (Health Affairs) / المنطقة (الشؤون الصحية)
Mobile yes. / رقم الجوال	City / المدينة Nationality/ الجنسية	Health Center or Health Affairs followed by المركز الصحي أو الشؤون الصحية التي يتبعها	
Address Type نوع العنوان	<input type="checkbox"/> No fixed address/ لا يوجد عنوان ثابت <input type="checkbox"/> temporary address / منزل مؤقت	<input type="checkbox"/> Postal address / العنوان البريدي <input type="checkbox"/> Vacation home / منزل قضاء العطلات	<input type="checkbox"/> Primary home / المنزل الرئيسي

Client HESN ID/رقم المراجع في حصن.....

**Section 2: Patient and Hospital Information (Pre-Operation)**

Outpatient procedure	Yes No	Date of procedure: DD/MM/YYYY
<b>Procedure Name</b>		
Limb amputation	Craniotomy	Gallbladder surgery
Appendix surgery	Cesarean section	Colon surgery
Shunt for dialysis	Spinal fusion	Heart transplant
Breast surgery	Gastric surgery	Liver transplant
Cardiac surgery	Herniorrhaphy	Carotid endarterectomy
Coronary artery bypass graft with both chest and donor site incisions	Coronary artery bypass graft with chest incision only	
If Cesarean section, What is the duration of labor (in minutes) .....		
Emergency: Yes No	Pre-Procedure Diagnosis.....	
Operative Surgeon ID (Surgeon Code).....	Hospital Admission Date: DD/MM/YYYY	
Height (Meters).....	Weight (Kilogram).....	

**Section 3: Bundle Variables**

Overall Compliance: (compliant for all 6 components below): Yes No

Appropriate Hair Removal:	1. Were hair at the incisional site clipped?	Yes No ND NA																				
Appropriate Use of Antibiotics:	2. Antibiotic(s) was (were) given within one (1) hour before surgical incision and (2) hour for vancomycin and fluroquinolones	Yes No ND NA																				
	3. Prophylactic antibiotic(s) is (are) consistent with the recently updated GCC guidelines for surgical prophylaxis	Yes No ND NA																				
	4. Discontinuation of prophylactic antibiotic(s) within 24 hours after surgery	Yes No ND NA																				
	<table border="1"> <thead> <tr> <th>Antibiotic Name</th> <th>Unit</th> <th>Route</th> <th>Duration</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Antibiotic Name	Unit	Route	Duration																	
	Antibiotic Name	Unit	Route	Duration																		
5. Postoperative core temperature is normal (36.1-37.1°C) Core temperature.....	Yes No ND NA																					
Maintenance of Postoperative Glucose Control: (for diabetics and cardiac patients only)	6.1 Serum glucose levels below 11.11 mmol/L (200 mg/dL), collected at least once on the first post-operative days (Day 1 )	Yes No ND NA																				
	Serum glucose day (1) , at 6 AM Unit																					
	6.2 Serum glucose levels below 11.11 mmol/L (200 mg/dL), collected at least once on the second post-operative days (Day 2 )	Yes No ND NA																				
Serum glucose day (2), at 6 AM Unit																						

Comments:

**Section 4: Operative Procedure Information**

Multiple Procedures: Yes No Unknown	In case of multiple procedures, please specify:.....
Laparoscope/Endoscope Used: Yes No	Closure Technique: Primary Other than Primary
Trauma: Yes No	
Wound Class: 1- Clean 2- Clean Contaminated 3- Contaminated 4- Dirty or Infected	
General Anesthesia: Yes No	



ASA Score:	1- A normally healthy patient	2- A patient with a mild systemic disease
	3- A patient with a severe systemic disease	4- A patient with a severe systemic disease that is constant threat to life
	5- A moribund patient who is not expected to survive without the operation	

Note: Do NOT report procedures with an ASA physical status of 6

Actual Procedure Duration (min):

**Section 5: Patient follow up**

Date of Follow up	Method	Response	Findings	SSI suspected	Action plan

**Section 6: SSI Event Information**

SSI Event Detected: Yes No In case of event, SSI Event Date DD/MM/YYYY

Detected period A (During admission) RF ( Readmission to facility where procedure performed)

RO ( Readmission to facility other than where procedure was performed) P (Post discharge surveillance)

Infection present at the time of surgery (PATOS): Yes No

**Specify Criteria Used (check all that apply)**

Signs and Symptoms	Drainage or material	Pain or tenderness	Swelling or inflammation	Erythema or redness	Heat	
	Fever	Incision deliberately opened/drained		Wound spontaneously dehisces		
	Abscess	Sinus tract	Hypothermia	Apnea	Bradycardia	
	Vomiting	Dysuria	Lethargy	Cough	Nausea	
	Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam					
	Other					

Laboratory	Organism(s) identified	Culture or non-culture based testing not performed
	Organism(s) identified from blood specimen	Organism(s) identified from >= 2 periprosthetic specimens
	Other positive laboratory	Imaging test evidence of infection

Clinical Diagnosis	Physician diagnosis of this event type	Physician institutes appropriate antimicrobial therapy
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SSI Category: (Specific Event)	Superficial Incisional Primary (SIP)	Superficial Incisional Secondary (SIS)
	Deep Incisional Primary (DIP)	Deep Incisional Secondary (DIS) Organ/Space

Post-Procedure BSI/ BSI Secondary to Surgery: Yes No

Hospitalization Death: Yes No Death Date: SSI Contributed to Death: Yes No