

Surgical Site Infection (SSI) surveillance follow up form

Patient information	
Patient ID:	File number:
KNHSS Procedure category code:	Date of procedure: ____/____/____ (dd/ mm/ yyyy)
Follow up condition	
I. Previously reported SSI {select the appropriate condition (s) which you want to report }:	
<input type="checkbox"/> Changed type of SSI: (select the new one)	1 <input type="checkbox"/> Superficial Incisional Primary (SIP) 2 <input type="checkbox"/> Deep Incisional Primary (DIP) 3 <input type="checkbox"/> Superficial Incisional Secondary (SIS) 4 <input type="checkbox"/> Deep Incisional Secondary (DIS) 5 <input type="checkbox"/> Organ /Space (specify site): Site of Organ/ Space code:
<input type="checkbox"/> Died: 1 <input type="checkbox"/> Yes	SSI Contributed to Death: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Death Date: ____/____/____ (dd/ mm/ yyyy)	
<input type="checkbox"/> Discharged	Discharge Date: ____/____/____ (dd/ mm/ yyyy)
<input type="checkbox"/> Other condition developed (Specify):	
II. <input type="checkbox"/> SSI developed for a previously submitted procedure: (SSI form should be attached with a copy of the denominator for procedure form previously submitted)	
Doctor's Signature -----	Nurse's Signature----- Date----- (dd/ mm/ yyyy)

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