KNHSS

Kuwait National Healthcare-associated Infections Surveillance System

Surveillance date mm yyyy _____/_____

Facility name : ---------- Code ----------

Surgical Site Infection (SSI)

Patient information

Patient ID:	File number:
Patient name:	Nationality: **1** ❑ K **2** ❑ NK
Gender: **1** ❑ M **2** ❑ F	Date of birth: : _____/_____/_____ (dd/ mm/ yyyy)
Date Admitted to Facility: _____/_____/_____ (dd/ mm/ yyyy)	location: location code:
Event Type: **SSI** Date of Event: ___ / __ / ___ (dd/ mm/ yyyy)	Procedure name:
NHSN Procedure category name:	KNHSS Procedure category code:
Date of procedure: _____/_____/_____ (dd/ mm/ yyyy)	Outpatient Procedure : **1** ❑ Yes **0** ❑ No

MDRO Infection Surveillance:

❑ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

❑ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

Event Details

Specific Event:

1 ❑ Superficial Incisional Primary (SIP)
2 ❑ Deep Incisional Primary (DIP)
3 ❑ Superficial Incisional Secondary (SIS)
4 ❑ Deep Incisional Secondary (DIS)
5 ❑ Organ /Space (specify site):
Site of Organ/ Space code:

Specify Criteria Used: (check all that apply)

Signs & Symptoms

1 ❑ Purulent drainage or material
2 ❑ Pain or tenderness
3 ❑ Localized swelling
4 ❑ Redness
5 ❑ Heat
6 ❑ Fever
7 ❑ Incision deliberately opened by surgeon
8 ❑ Wound spontaneously dehisces
9 ❑ Abscess
10❑ Hypothermia
21❑ Apnea
22❑ Bradycardia
23❑ Lethargy
24❑ Cough
25❑ Nausea
26❑ Vomiting
27❑ Dysuria
28❑ Other evidence of infection found on direct exam, during invasive procedure, or by diagnostic tests*
29❑ Other signs & symptoms*

Laboratory

1 ❑ Positive culture
2 ❑ Not cultured
3 ❑ Positive blood culture
4 ❑ Blood culture not done or no organisms detected in blood
5 ❑ Positive gram stain when culture is negative or not done
6 ❑ Other positive laboratory tests*
7 ❑ Imaging test evidence of infection

Clinical Diagnosis

1 ❑ Physician diagnosis of this event type
2 ❑ Physician institutes appropriate antimicrobial therapy*

*Per organ /space specific site criteria

Detected: **1** ❑ A- during admission **2** ❑ P- post discharge surveillance
3❑ RF-readmission to facility where procedure performed **4** ❑ RO- readmission to facility other than where procedure performed

Pathogens Identified: **1** ❑Yes **0** ❑ No If yes, specify pathogen(s) and antimicrobial susceptibilities on page 2
Number of pathogens : ___ Pathogen(s) codes: ___ ___ ___
MDRO: **1** ❑ Yes **0** ❑ No MDRO Pathogen code(s): ___ ___ ___

Secondary bloodstream infection: **1** ❑Yes **0** ❑ No

Died: **1** ❑ Yes **0** ❑No If died; SSI Contributed to Death: **1** ❑Yes **0** ❑ No
Discharge/death Date: _____/_____/_____ (dd/ mm/ yyyy)

Doctor's Signature ---------- Nurse's Signature----------