KNHSS

Kuwait National Healthcare-associated Infections Surveillance System

Surveillance date mm yyyy _____/_____

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

Denominator for Procedure

Patient information

Patient ID:	File Number:
Patient Name:	Nationality: **1** ❑ K **2** ❑ NK
Gender: **1**❑M **2** ❑ F	Date of Birth: _____/_____/_____ (dd/ mm/ yyyy)
Event Type**: PROC**	Procedure Name:
Date of Procedure: _____ /_____ /_____ (dd/ mm/ yyyy)	NHSN Procedure category name:
KNHSS Procedure category code:	

Procedure Details

a. Outpatient: **1** ❑ Yes **0** ❑ No

b. Wound Class **1** ❑ C **2** ❑ CC **3** ❑CO **4** ❑ D

c. ASA Score **1** ❑ **2**❑ **3** ❑ **4**❑ **5** ❑

d. Trauma: **1** ❑ Yes **0** ❑ No

e. Duration: _____ **:** _____ = ____ Minutes (Hours : Minutes)

f. General Anesthesia: **1** ❑Yes **0** ❑ No

g. Emergency: **1** ❑ Yes **0** ❑ No

h. Scope **1** ❑ Yes **0** ❑ No

Surgeon name: _____

i. SSI Risk Index category**: 0** ❑ **1** ❑ **2**❑ **3** ❑

Cesarean section:

Mother's height:_____ centimeters

Mother's weight:_____ kg

Duration of Labor:_____ hours

Spinal procedures:

Choose one: **1** ❑ Spinal fusion(FUSN) **2** ❑ Refusion of spine(RFUSN)

Spinal Level: (check one)

- **1** ❑Atlas –axis
- **2** ❑Atlas –axis/ Cervical
- **3** ❑Cervical
- **4** ❑Cervical/ Dorsal/ Dorsolumbar
- **5** ❑Dorsal/ Dorsolumbar
- **6** ❑Lumbar/ Lumbosacral
- **7** ❑Not specified

Diabetes Mellitus: **1** ❑Yes **0** ❑ No

Approach / Technique: (check one)

- **1** ❑Anterior
- **2** ❑Posterior
- **3** ❑Anterior and Posterior
- **4** ❑Lateral transverse
- **5** ❑Not specified

Hip prosthesis: (check one) **1** ❑Total Primary **2** ❑ Partial Primary **3** ❑Total Revision **4** ❑ Partial Revision

Knee prosthesis: (check one) **1** ❑ Primary (Total) **2** ❑ Revision (Total or Partial)

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