DEDER GENERAL HOSPITAL

SURGICAL SITE INFECTION (SSI) PROTOCOL

PREPARED BY: HSQU

July 2016E.C

Deder, Eastern Ethiopia

SMT APPROVAL SHEET

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REVIEW	**Reviewed and updated** **Review date: July 2018E.C**			

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1. INTRODUCTION

Surgical Site Infections (SSIs) are among the most common healthcare-associated infections (HAIs), contributing significantly to patient morbidity, mortality, prolonged hospital stays, and increased healthcare costs. Despite advances in surgical techniques and infection control practices, SSIs remain a critical challenge in both developed and resource-limited settings.

According to the World Health Organization (WHO), approximately 11% of patients undergoing surgery in low- and middle-income countries develop at least one SSI. Even in high-income settings, SSIs affect 2–5% of surgical patients, with higher rates observed in complex or contaminated procedures. To address this public health concern, this protocol establishes a comprehensive, evidence-based system for the prevention, detection, documentation, and post-discharge follow-up of SSIs within our institution. Aligned with WHO guidelines, CDC/NHSN surveillance definitions, and national infection control standards, this protocol supports a culture of patient safety, accountability, and continuous quality improvement across all surgical services.

The development of this protocol responds to key institutional priorities:

- Reducing SSI rates by 20% within six months
- Ensuring compliance with international best practices
- Enhancing data-driven decision-making through systematic surveillance
- Strengthening continuity of care beyond hospital discharge

2. PURPOSE

The purpose of this protocol is to:

- Establish a unified system for tracking and monitoring Surgical Site Infections
- Promote early detection through structured wound assessments and use of the WHO SSI Checklist
- Ensure post-discharge surveillance to capture late-onset SSIs
- Support data collection, reporting, and quality improvement initiatives
- Reduce the incidence and impact of SSIs across all surgical departments

This protocol provides clear guidance for clinical staff, infection control teams, and administrators to ensure consistent implementation and compliance.

3. SCOPE

This protocol applies to:

- All surgical specialties:
  - General Surgery, Obstetrics & Gynecology)
- All surgical procedures (inpatient and outpatient)
- All clinical areas involved in surgical care:
  - Operating Rooms (OR)
  - Post-Anesthesia Care Units (PACU)
  - Surgical Wards
  - Intensive Care Units (ICU)
  - Surgical Outpatient Departments (OPD)
  - Discharge and Follow-Up Clinics

- **All healthcare personnel involved in surgical care:**
  - Surgeons and surgical residents
  - Anesthetists
  - Nurses (OR, ward, clinic)
  - Midwives (ward, clinic)
  - Infection prevention and Control **(IPC)** Officers
  - Hospital administration
- The protocol covers the **entire surgical journey**—from **preoperative preparation** to **30 days post-surgery** (or 90 days for implant procedures).

4. DEFINITIONS

Term	Definition
SSI (Surgical Site Infection)	An infection occurring within 30 days of surgery (or 90 days if implant is placed) that affects the incision or deep tissue at the operation site. **Classified as:** - **Superficial Incisional** - **Deep Incisional** - **Organ/Space SSI**
WHO SSI Checklist	A standardized tool developed by the World Health Organization to improve surgical safety and reduce SSI risk through structured preoperative, intraoperative, and postoperative checks.
SSI Register	A centralized log (paper or electronic) used to record all suspected and confirmed SSIs for surveillance, analysis, and reporting.
Post-Discharge Surveillance	Active monitoring of surgical patients after hospital discharge to detect SSIs that develop outside the hospital setting.
Wound Class (CDC)	Classification of surgical wounds based on contamination risk: - **Class I:** Clean - **Class II:** Clean-Contaminated - **Class III:** Contaminated - **Class IV**: Dirty/Infected
Late-Onset SSI	An SSI diagnosed **after patient discharge**, typically **between Day 15 and Day 30** (or Day 90 for implants).

5. POLICY STATEMENT

It is the policy of this institution that:

- Every surgical patient must be assessed using the WHO SSI Prevention Checklist.
- All surgical units must maintain an active SSI Register with complete and accurate entries.
- Daily wound assessments must be documented during the inpatient stay.
- All surgical patients must receive structured follow-up within 7 days post-discharge.
- Confirmed SSIs must be reported to the Infection Control Unit within 24 hours.
- Data from SSI surveillance will be reviewed monthly and used for quality improvement.

Non-compliance with this protocol will be addressed through departmental feedback and performance reviews.

6. RESPONSIBILITIES

ROLE	RESPONSIBILITIES
Surgeons & Surgical Teams	Complete WHO checklist; perform wound checks; report SSIs; ensure patient education.
Nursing & Midwives Staff (OR & Wards)	Conduct daily wound assessments; document findings; maintain SSI register; educate patients.
Infection prevention and Control (IPC) Officers	Oversee protocol implementation; conduct audits; analyze data; provide training and feedback.
Outpatient Clinic Staff	Perform post-discharge wound evaluations; document findings; refer suspected SSIs.
Medical Records Department	Ensure accessibility and integrity of surgical records and SSI logs.
Hospital Administration	Allocate resources, support training, and enforce compliance.

7. PROTOCOL COMPONENTS

To ensure systematic tracking of SSIs **across all surgical service areas** and **regular monitoring** of register utilization.

1. Develop Standardized SSI Register

- Design a uniform **SSI Registry Form** (Appendix A) with fields including:
  - Patient ID, Name, Age, Gender
  - Date of Surgery, Procedure Type, Surgeon
  - Wound Class, Antibiotic Prophylaxis
  - Signs/Symptoms, Diagnosis, Treatment, Outcome

2. Placement of Registers

- **Physical copies located in:**
  - Major Operating Room
  - Surgical Wards
  - Surgical OPD
  - Gyn/Obs Ward/Caesarian Section OR C/S Room
  - Discharge Follow-Up Clinic

3. Data Entry Requirements

- **Any suspicion of SSI** → Entry made within 24 hours
- **Confirmed SSI** → Full details recorded and reported to ICO

- **Entries must** be signed and dated by responsible clinician

4. WHO SSI Checklist utilization

- To enable early detection of SSIs through standardized assessment and documentation using the **WHO SSI Checklist.**

Implementation Steps

1. Mandatory Use of WHO SSI Checklist

- **Attached to every surgical patient's chart.**
- **Completed in three phases:**

  A. **Before Induction**: Antibiotic timing, hair removal, glucose control

  B. **Before Skin Incision**: Sterile technique, correct antibiotic

  C. **Before Patient Leaves OR**: Wound closure, dressing, drains

- Signed by circulating nurse and surgeon.

2. Daily Wound Assessment

- Performed by nurse or surgeon daily from **Day 1 to Day 7** (minimum)
- Assessment includes:
  - Temperature >38°C
  - Redness, swelling, warmth
  - Purulent discharge
  - Increasing pain or wound dehiscence
- Findings documented in **progress notes and nursing sheet**

3. Wound Healing Grading Scale

- Use standardized scale:

- **Grade 0**: Normal healing
- **Grade 1:** Mild redness, no discharge
- **Grade 2:** Moderate redness + serous drainage
- **Grade 3**: Pus, fever, severe swelling

- **Grade 2 or higher** → **Immediate notification** to surgeon

4. Patient Education

- Provide **discharge instructions**:
  - List of SSI warning signs
  - Contact information for urgent concerns
  - Scheduled follow-up dates

5. Mechanism for SSI Tracking After Discharge

- After Discharge patients will be counseled to report if there is any sign and symptoms of SSI immediately on by attending Physician or IESO during discharge.

  The Patient will have follow up Schedule on:

  - **Day 7**: First visit (mandatory)
  - **Day 14:** Second visit (high-risk patients)
  - **Day 30:** Final visit
- During each follow up SSI surveillance tool will be attached to their MR and completed by the physician &/or IESO
- **Appointments scheduled at time of discharge**
- **Telephonic Follow-Up (Optional but Recommended)**
  - **For patients unable to attend clinic:**
    - Call at **Day 7 and Day 14**
    - **Ask about:**

- Fever, chills
- Wound pain, redness, drainage
- Mobility and general well-being

- Document responses in EHR or paper record

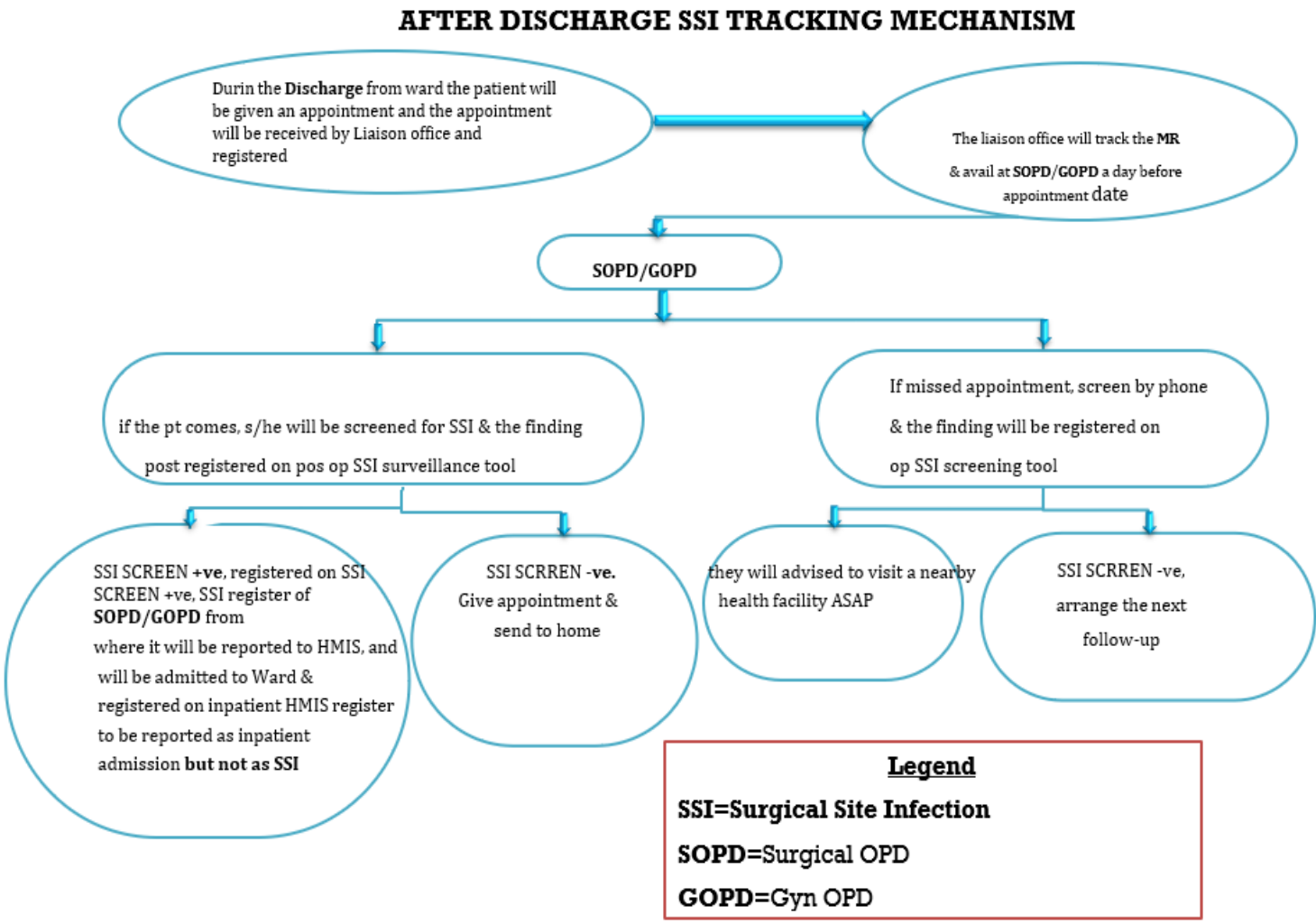

Figure 1: *Established Mechanism for SSI Tracking After Discharge*

- **Documentation in SSI Register**

- **All outpatient visits must include:**
  - Wound examination
  - Vital signs
  - Clinical impression
- **If SSI diagnosed:**
  - Update SSI Register
  - Classify as late-onset SSI
  - Notify surgeon

- **Feedback and Reporting**
  - **Monthly report to surgical teams:**
    - Number of post-discharge SSIs
    - Common procedures affected
    - Trends and recommendations
  - Used for root cause analysis and preventive actions

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APPENDIX

12. Hospital WHO peri-operative data collection form

Surgical site infection surveillance peri-operative data collection form

ID	Patient name	Age/ Date of birth ..../..../.....	InPatient number	Date of admission ..../..../.....
	Primary diagnosis	Sex ☐ F ☐ M	Surveillance number	

World Health Organization

1

Surgical procedure..... Operating theater [ ]

Date of surgery..... Lead surgeon name.....

Grade.....

CDC – NNIS Risk Index Variables

2

ASA class

☐ 1. Normal healthy person
☐ 2. Mild systemic disease (e.g. hypertension, well controlled diabetes)
☐ 3. Severe systemic disease not incapacitating (e.g. moderate COPD, diabetes, malignancy)
☐ 4. Incapacitating systemic disease that is a constant threat to life (e.g. pre-eclampsia, heavy bleeding)
☐ 5. Moribund patient, not expected to survive with or without operation (e.g. major trauma)

Weight.....kg
Height.....cm

3

Surgical wound class

Clean ☐ = Sterile tissue with no resident bacteria e.g. neurosurgery
Clean-contaminated ☐ = CONTROLLED entry to tissue with resident bacteria e.g. hysterectomy
Contaminated ☐ = UNCONTROLLED entry to tissue with bacteria e.g. acute gastrointestinal perforation
Dirty / infected ☐ = Heavy contamination (e.g. soil in wound) or infection already established

4

Start time (knife to skin)
[:] 24h clock

End time (skin closure)
[:] 24h clock

Duration =.....hrs .....mins

Urgency of operation

☐ Emergency – must be done immediately to save life (e.g. major bleed)
☐ Urgent – must be done within 24-48h (e.g. repair of fracture)
☐ Semi-elective – must be done within days-weeks (e.g. tumour removal)
☐ Elective – no time constraints (e.g. cosmetic procedure)

PRE/PERI-OPERATIVE PROCESS MEASURES

5

Patient preparation

Pre-op bath / shower (full body [Y / N] Date ...../...../.....
Antimicrobial soap used [Y / N] Plain soap used [Y / N]
Hair removal (HR): ☐ Razor ☐ Clippers ☐ None
HR Date ..... ☐ Home ☐ Ward ☐ Theatre

Surgical antibiotic prophylaxis

☐ No prophylaxis required
Required but not given due to: ☐ Unavailable
☐ Other .....

Antibiotic given:

☐ Co-amoxiclav ☐ Cefazolin ☐ Cloxacillin ☐ Vancomycin
☐ Ciprofloxacin ☐ Gentamicin ☐ Metronidazole ☐ Penicillin
☐ Other antibiotic..... Dose..... (mg)
Time given [:] 24h clock Time re-dosed [:] 24h clock

Postoperative antibiotics

Were antibiotics ceased at completion of surgery? [Y / N]
If not, what antibiotics were prescribed?
Drug..... Dose..... (mg)
Doses / day..... Duration (days) .....

Reason given

☐ Post-op prophylaxis ☐ Drain / implant inserted
☐ Treating suspected / known infection ☐ Other .....

Surgical skin preparation (under sterile conditions)

☐ Chlorhex-alc ☐ Iodine+alc ☐ Chlorhex-aq ☐ Iodine-aq
Appropriate skin preparation technique [Y / N]
Allowed to fully dry [Y / N]

Surgical hand preparation

☐ Alcohol-based hand rub ☐ Antimicrobial soap+water
☐ Plain soap+water
Time spent on procedure [ ] mins [ ] secs
Appropriate hand preparation technique: [Y / N]

Theatre traffic

Headcount at start of operation..... total .....
Number of entries during operation.....
Door openings during operation..... total .....

Drain / implant

Location.....
Drain inserted? [Y / N]
If YES, type of drain: ☐ Open ☐ Closed
Antibiotic given in presence of drain but no infection? [Y / N]
Implant used? [Y / N]
☐ Metal (Ortho) ☐ Skin graft ☐ Mesh ☐ Other

6

Other measure(s) – decided at local level.....
.....

Date form completed ...../...../..... Database entry [Y / N] Signature.....

Key explanations to complete the peri- operative form

Surgical procedure *- refers to an operation where at least one incision (including a laparoscopic approach) is made through the skin or mucous membrane, or reoperation via an*

incision that was left open during a prior operative procedure AND takes place

in an operating theatre – select the exact surgical procedure from the list below.

Abdominal aortic aneurysm repair Limb amputation Appendix surgery Shunt for dialysis

Bile duct, liver or pancreas surgery Breast surgery Cardiac surgery Carotid endarterectomy

Coronary artery bypass surgery – donor + graft sites Coronary artery bypass surgery – chest only Gallbladder surgery Colon surgery Craniotomy Caesarean section Spinal

fusion

Open reduction of fracture Gastric surgery Herniorrhaphy

Hip prosthesis Heart transplant Abdominal hysterectomy Knee prosthesis Kidney transplant Laminectomy Liver transplant Neck surgery Kidney surgery Ovarian surgery

Pacemaker surgery Prostate surgery

Peripheral vascular bypass surgery Rectal surgery Refusion of spine Small bowel surgery Spleen surgery Thoracic surgery

Thyroid and/or parathyroid surgery Vaginal hysterectomy Ventricular shunt Abdominal surgery

Grade of surgeon - senior (surgeon with more than 10 years of experience in total); junior (surgeon with less than 10 years of experience); trainee (junior doctor who is in training in the surgical specialty); 'other grade' of surgeon

(as defined locally).

Box 3

Surgical wound class -

1. **Clean** refers to an uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital or uninfected urinary tracts are not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage.

Operative incisional wounds that follow non-penetrating (blunt) trauma should be included in this category

if they meet the criteria.

2. **Clean-contaminated** refers to operative wounds in which the respiratory, alimentary, genital or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina and oropharynx are included

in this category, provided no evidence of infection or major

break in technique is encountered.

3. **Contaminated** refers to open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique (for example, open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, non-purulent inflammation is encountered, including necrotic tissue without evidence of purulent drainage (for example, dry gangrene), are included in this category.

4. **Dirty or infected** includes old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

Patient pre-operative bath/shower – patient shower or bath should be performed with either antimicrobial soap or plan soap, ideally 1-2 hours beforethe operation or at least the night before.

Appropriate surgical hand preparation (scrubbing) - an antiseptic (antimicrobial soap and water) handwash or antiseptic handrub (alcohol-based handrub product classified as high quality), performed **immediately** preoperatively to eliminate transient flora and reduce resident

skin flora (such antiseptics often have persistent antimicrobial activity).

The technique should be the WHO recommended steps, including drying.

Length of time is according

to the manufacturers' instructions, typically 2-5 minutes for soap and water; for alcohol–based handrub follow manufacturers' instructions (http://www.who.int/gpsc/5may/hh-surgicalA3.pdf?ua=1).

Appropriate surgical skin preparation (under sterile conditions) – use of sterile gauze/ sponge and instruments, with movements from clean to dirty areas, that is, from the centre of the incision site outwards, maintaining aseptic technique and covering a broad area of the patient's skin, to be performed immediately before draping and incision. No areas touched that are not part of the preparation area. Allow to fully dry before incision.

Surgical site infection surveillance post-operative data collection form

ID	Patient name	Age/ Date of birth ...../...../.....	InPatient number	Address (town/village)
	Telephone number 1	Whose telephone number		Checked? ☐
	Telephone number 2	Whose telephone number		Checked? ☐

World Health Organization

*All follow-up in the 30-day post-operative period should be recorded in **Box 2**. Each patient interaction should be recorded in the "Event" column from the day of surgery onwards, including: surgical procedure, wound dressing removed/changed, (each) inpatient (IP) review, discharge, outpatient (OP) review, telephone call, readmission, return to the operating theatre, surveillance discontinued (reason). At least three reviews are recommended in the 30-day follow-up period. For each "Event", please record the date, tick the "Antibx" column if antibiotics are prescribed/being taken, complete health workers' initials, and record any surgical site infection (SSI) symptoms or other important notes in the last column (see footnote 1).*

BOX 2 - Admission date to hospital for primary operation: ...../...../..... **Hospital discharge date:** ...../...../.....

Day	Date	Event	Antibx	SSI symptoms and other notes[1]	Health worker initials
1		Surgical procedure			
2-3					
4-5					
6-7					
8-10					
11-14					
15-17					
18-21					
22-25					
26-29					
Day 30				End of SSI surveillance (standard)	

1. *At each patient interaction, first check the patient's identification. Then assess or ask about the **SSI symptoms**:*
- *Drainage of fluid from wound: pus versus clear (serous) / bloody / other • Pain / tenderness beyond normal for operation*
- *Localized swelling or wound breakdown • Redness/heat of skin • Generally unwell, especially fever >38°C*

If any SSI symptoms are noted in Box 2, proceed to Box 3 to determine the SSI case definition and consult with the operating surgeon.

BOX 3

Surgical Site Infection? ☐ Yes ☐ No (Determine with case definition tick boxes below)
Patient re-admitted for Surgical Site Infection? ☐ Yes ☐ No (note reason) .....
Date of re-admission for Surgical Site Infection: ...../...../..... Discharge date: ...../...../.....

☐ **Superficial SSI** (skin/subcutaneous) e.g. cellulitis	☐ **Deep SSI** (fascia/muscle) e.g. deep abscess	☐ **Organ/space SSI**** Deeper than fascia/muscle e.g. endometritis (organ), peritonitis (space)
☐ Purulent drainage (pus) from superficial incision	☐ Purulent drainage (pus) from deep incision	☐ Purulent drainage (pus) from sterile organ or space (from an inserted drain)
OR	**OR**	**OR**
☐ Organism identified (if culture done)*	☐ Deep incision dehiscence or deliberately opened by surgeon	☐ Organ or space infection/abscess found on imaging/examination
OR	**AND**	**OR**
☐ Superficial incision deliberately re-opened	☐ Organism identified (if culture done)*	☐ Organism identified from fluid/tissue from organ/ space*
AND	**AND**	
☐ Infection symptoms[1]	☐ Infection symptoms[1]	
OR	**OR**	
☐ Surgeon/attending physician diagnosis	☐ Deep infection/abscess found on imaging/examination	

Other surgical complications
☐ Non-infectious **local** wound complications including bleeding and abnormal skin reactions
☐ Patient death: Date ...../...../..... Cause of death (as far as known) .....

Microbiology culture results*	Specimen taken Date...../...../..... type.....	Organism(s) identifed	Antibiotic resistance/sensitivities

*Note: most surgical wounds that have broken down rapidly become colonized with bacteria. Bacterial growth from a wound is only significant when a sample to identify organisms by microbiological culture is collected aseptically under sterile conditions **with** symptoms of infection also present.

Date form completed ...../...../..... Database entry [Y / N] Signature.....

Key explanations to complete the post-operative form

Whose phone number = patient (mobile or home), or family member, or neighbour, or friend

Checked = phone number called to check before patient leaves hospital

**** List of specific organ/space infection sites**

Code	Site	Code	Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or venticulitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity (mouth, tongue, or gums)
DISC	Disc space	OREP	Other infections of the male or female reproductive tract
EAR	Ear, mastoid	PJI	Periprosthetic joint infection
EMET	Endometritis	SA	Spinal abscess without menigitis
ENDO	Endocarditis	SINU	Sinusitis
GIT	Gastrointestinal tract	UR	Upper respiratory tract
IAB	Intraabdominal, not specified	USI	Urinary System infection
IC	Intracranial, brain abscess or dura	VASC	Arterial or venous infection
JNT	Joint or Bursa	VCUF	Vaginal cuff
LUNG	Other infections of the lower respiratory tract		

To understand specific criteria for defining these infections please refer to CDC/NHSN Surveillance Definitions for Specific Types of Infections

https://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef current.pdf

Surgical Site Infection Data Collection Sheet

Patient ID	Age	Sex (M/F)	Surgery Type	Surgery Date	Wound Class	Infection Type)	Infection diagnosed Date	Antibiotics Given	Outcome

Instructions for Use:

1. **Surgery Type:** 1. C-section, 2. laparotomy
2. **Wound Class:** 1. Clean, 2. Clean-contaminated, 3. Contaminated, 4. Dirty.
3. **Infection Type:** 1. Superficial, 2. Deep, 3. Organ/space.
4. **Outcome:** 1. Resolved, 2. Referred, 3. Ongoing treatment.