***Prospective Data Collection Form***

Place this paper data collection form in the patient record of all patients undergoing planned surgery for „tracer condition”.

Fill in the form prospectively as the relevant data is available, i.e. register data on the form as close in time as possible to the clinical situation which generate the data.

The data herein is the minimum data set to unambiguous put the patient in one of the three categories (M, N or D) according to the sorting in the Indicator Computing Algorithm: M: missing/ invalid data case, N: numerator case, D: denominator case.

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| Patient name: Given names (data not submitted)    Patient name: Family name (data not submitted)    Hospital registration number:            Case ID:  Date of birth:  Year Month Day Weight of patient (kg):   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |

Principal diagnosis code (ICD-10 or DRG) Principal procedure code

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Is the surgical procedure planned? yes no

Is patient allergic to any antibiotics suggested in the protocol? yes no

If yes, Generic name of antibiotic drug(s): In case of allergy to penicillin, scale of severity:

                                Immediate Other No information

Has patient pre-operative infection?

yes no If yes, Type of infection

Date of surgical incision Time of surgical incision

Year Month Day 24 hours **:** minutes

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| Prophylactic antibiotic given: If yes,  Yes No Generic name of antibiotic drug(s):                   +  First dose   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | and |  |  |  |  |   milligram milligram (if more than 1 was given)  First dose – Route of administration  IV IM SC Other    First dose – Date of administration Time of administration  Year Month Day 24 hours **:** minutes   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | : |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   Total doses in 24 hours (milligrams):  Last dose – Date of administration Time of administration  Year Month Day 24 hours **:**  minutes   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | : |  |  | |

Date of surgical wound closure Time of surgical wound closure

Year Month Day 24 hours **:** minutes

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