## Surgical site infection surveillance peri-operative data collection form

<table>
<thead>
<tr>
<th>ID</th>
<th>Patient name</th>
<th>Age/Date of birth</th>
<th>InPatient number</th>
<th>Date of admission</th>
<th>Primary diagnosis</th>
<th>Sex</th>
<th>F</th>
<th>M</th>
<th>Surveillance number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>1</th>
<th>Surgical procedure</th>
<th>Operating theater</th>
<th>Date of surgery</th>
<th>Lead surgeon name</th>
<th>Grade</th>
</tr>
</thead>
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<table>
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<tr>
<th>2</th>
<th>ASA class</th>
<th>Surgical wound class</th>
<th>Urgency of operation</th>
<th>CDC – NNIS Risk Index Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Normal healthy person</td>
<td>Clean = Sterile tissue with no resident bacteria e.g. neurosurgery</td>
<td>□ Emergency – must be done immediately to save life (e.g. major bleed)</td>
<td>Weight</td>
</tr>
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<td></td>
<td>2. Mild systemic disease (e.g. hypertension, well controlled diabetes)</td>
<td>Clean-contaminated = CONTROLLED entry to tissue with resident bacteria e.g. hysterectomy</td>
<td>□ Urgent – must be done within 24-48h (e.g. repair of fracture)</td>
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<td>3. Severe systemic disease not incapacitating (e.g. moderate COPD, diabetes, malignancy)</td>
<td>Contaminated = UNCONTROLLED entry to tissue with bacteria e.g. acute gastrointestinal perforation</td>
<td>□ Semi-elective – must be done within days-weeks (e.g. tumour removal)</td>
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<td>4. Incapacitating systemic disease that is a constant threat to life (e.g. pre-eclampsia, heavy bleeding)</td>
<td>Dirty / infected = Heavy contamination (e.g. soil in wound) or infection already established</td>
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<td>5. Moribund patient, not expected to survive with or without operation (e.g. major trauma)</td>
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### PRE/PERI-OPERATIVE PROCESS MEASURES

**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

**Other measure(s) – decided at local level**.................................................................
Key explanations to complete the peri-operative form

**Box 1**

**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 visceria. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

**Box 5**

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