Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

Outpatient Procedure Component
Surgical Site Infection (SSI) Event

This form is used for reporting data on each patient having a SSI event related to one of the NHSN operative procedures selected for monitoring.

Instructions for this form are available at: https://www.cdc.gov/nhsn/forms/instr/57.405-toi.pdf.

 *required for saving

Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID #:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Birth Sex: F M Unknown	Gender Identity (Specify):	
Ethnicity (Specify):	Race (Specify):	
*Date of Encounter (MM/DD/YYYY):		

Surgical Site Infection (SSI)

*Event Type: SSI

*Date of Event: ___/____/____ *Primary CPT Code:_____ *NHSN Procedure Code: _____

*SSI Level:

☐ Superficial Incisional Primary (SIP) ☐ Deep Incisional Primary (DIP) ☐ Organ/Space

☐ Superficial Incisional Secondary (SIS) ☐ Deep Incisional Secondary (DIS)

*Specify SSI Criteria Used (check all that apply):

Signs & Symptoms

☐ Abscess
☐ Localized swelling
☐ Erythema or redness
☐ Pain or tenderness
☐ Fever (>38°C)
☐ Purulent drainage
☐ Heat
☐ Sinus tract
☐ Incision deliberately opened/drained
☐ Wound spontaneously dehisced
☐ Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam

Laboratory

☐ Organism(s) identified
☐ Culture or non-culture based testing not performed
☐ Imaging test evidence of infection
☐ Organism(s) identified from ≥ periprosthetic specimens
☐ Other positive laboratory test

Clinical Diagnosis

☐ Diagnosis of superficial SSI by surgeon or physician

*Pathogens Identified: ☐ Yes ☐ No

If Yes, indicate up to 3 pathogens: _____ _____ _____

Continue>>>

SSI Event Detected:

*How did the ASC facility (where the procedure was originally performed) detect/identify the SSI event?
(select the method that *most closely resembles* the method of detection/identification)

The SSI was detected through the facility's **ACTIVE** surveillance process**:**	The SSI was detected through a **PASSIVE** surveillance process that was not initiated by the facility:
☐ Review of patient's medical record	☐ Patient/caregiver contacts facility to report
☐ Post-discharge surgeon survey	☐ Patient returns to outpatient facility for follow-up
☐ Post-discharge patient letter	☐ Surgeon contacts facility to report
☐ Post-discharge patient phone call	☐ Report from another facility (inpatient, health department, emergency department, etc.)
☐ Cooperative infection prevention process between facilities	

Custom Fields

Label		Label	
_____	___ / ___ / ___	_____	___ / ___ / ___
_____	___ / ___ / ___	_____	___ / ___ / ___
_____	___ / ___ / ___	_____	___ / ___ / ___
_____	___ / ___ / ___	_____	___ / ___ / ___
_____	___ / ___ / ___	_____	___ / ___ / ___