

CAESAREAN SECTION PROCEDURE (DENOMINATOR)

If you have any queries regarding the completion of this form please contact VICNISS

DATA CAN BE SUBMITTED to VICNISS via FAX (9342 2633) or ELECTRONICALLY USING A WEBFORM

Hospital Code Number:				
Patient & Procedure Details <i>(Do not attach a bradma label)</i>				
MRN (UR No.):		DOB: / /		
Date Admitted to Hospital: / /		Date Discharged from Hospital: / /		
Procedure Date: / /	Surgeon (coded):	Emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Start Time:	End Time:	Or →	Duration of Procedure: hrs mins <i>(if Start & End Times not available)</i>	
ASA Score: 1 2 3 4 5 Not Available (NA)		Wound Class: C CC CO D NA		
General Anaesthesia: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Obstetric/Labour details				
Height: _____ m NA <input type="checkbox"/>		Weight: _____ kg NA <input type="checkbox"/> Or → BMI: <i>(if Height & Weight NA)</i>		
Date Weight Recorded: Pre-pregnancy <input type="checkbox"/> At delivery <input type="checkbox"/> NA <input type="checkbox"/>				
In active labour in hospital: Yes <input type="checkbox"/> No <input type="checkbox"/>		Estimated Blood Loss: _____ mls		
If 'Yes', number of hours: _____ hrs		Or → ≤600ml <input type="checkbox"/> 601-900ml <input type="checkbox"/> >900ml <input type="checkbox"/> NA <input type="checkbox"/>		
Antibiotic Prophylaxis		Prophylactic Antibiotic: Yes <input type="checkbox"/> No <input type="checkbox"/>		
* If 'No', was Prophylaxis known to have been withheld because:		Yes <input type="checkbox"/> No <input type="checkbox"/>		
▪ patient already on antibiotics that are sufficient for surgical prophylaxis.				
Antibiotic (Generic Name)	Time of Administration			Antibiotic Continued >24hrs ¹
	Time Given	Please provide EXACT TIME GIVEN <i>OR tick a box below ONLY if exact time is not available</i>		
		More than 1hr prior to Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/> Not Recorded <input type="checkbox"/>	
		More than 1hr prior to Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/> Not Recorded <input type="checkbox"/>	
		More than 1hr prior to Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/> Not Recorded <input type="checkbox"/>	
Outcome				
Infection Detected: Yes <input type="checkbox"/> No <input type="checkbox"/>		Infection Date: / /		

¹ If an 8 hourly 3rd dose exceeds 24 hours still tick N (No). It is recognised the intent is to cease within 24 hours