

SURGICAL SITE 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.):			Sex: M <input type="checkbox"/> F <input type="checkbox"/>				DOB: / /		
Date Admitted to Hospital: / /				Date Discharged from Hospital: / /					
Procedure Date: / /				Surgeon (coded):					
VICNISS	AAA <input type="checkbox"/>	CBGB <input type="checkbox"/>	COLO <input type="checkbox"/>	FUSN <input type="checkbox"/>	HYST <input type="checkbox"/>	SB <input type="checkbox"/>			
Procedure	APPY <input type="checkbox"/>	CBGC <input type="checkbox"/>	CRAN <input type="checkbox"/>	GAST <input type="checkbox"/>	KPRO <input type="checkbox"/>	THOR <input type="checkbox"/>			
Group:	BRST <input type="checkbox"/>	CEA <input type="checkbox"/>	CSEC ¹ <input checked="" type="checkbox"/>	HERN <input type="checkbox"/>	LAM <input type="checkbox"/>	VHYS <input type="checkbox"/>			
	CARD <input type="checkbox"/>	CHOL <input type="checkbox"/>	FPOP <input type="checkbox"/>	HPRO <input type="checkbox"/>	RFUSN <input type="checkbox"/>	VSHN <input type="checkbox"/>			
Name of Procedure:					ICD10AM code/s:				
HPRO/KPRO/BRST/HERN/CEA Procedures Only Left <input type="checkbox"/> or Right <input type="checkbox"/> or Bilateral/2 Incisions ² <input type="checkbox"/> HPRO/KPRO Procedures Only Partial <input type="checkbox"/> or Total <input type="checkbox"/> Primary <input type="checkbox"/> or Revision <input type="checkbox"/>									
FUSN/RFUSN Procedures Only					Diabetes Mellitus: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Spinal Level: <i>(tick one)</i> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbarsacral <input type="checkbox"/> Not specified <input type="checkbox"/>									
Approach/Technique: <i>(tick one)</i> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior and Posterior <input type="checkbox"/> Lateral Transverse <input type="checkbox"/> Not specified <input type="checkbox"/>									
Start Time ³ :		End Time ³ :		Or → Duration of Procedure ³ :		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					
Implant: Yes <input type="checkbox"/> No <input type="checkbox"/>			Laparoscopic Approach: Yes <input type="checkbox"/> No <input type="checkbox"/>			Trauma: Yes <input type="checkbox"/> No <input type="checkbox"/>			
General Anaesthesia: Yes <input type="checkbox"/> No <input type="checkbox"/>				Emergency: Yes <input type="checkbox"/> No <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:									
▪ patient already on antibiotics that are sufficient for surgical prophylaxis; or						Yes <input type="checkbox"/> No <input type="checkbox"/>			
▪ patient having joint revision and antibiotics to be given after old prosthesis removed for culture									
Antibiotic (Generic Name)	Time of Administration						Antibiotic Continued >24hrs ⁴		
	Time Given	Please provide EXACT TIME GIVEN OR tick a box below ONLY if exact time is not available							
1st Dose:									
		More than 1hr prior to Incision <input type="checkbox"/>	On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Not Recorded <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
		More than 1hr prior to Incision <input type="checkbox"/>	On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Not Recorded <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
		More than 1hr prior to Incision <input type="checkbox"/>	On Induction <input type="checkbox"/>	After Incision <input type="checkbox"/>	Within 1hr prior to Incision <input type="checkbox"/>	Not Recorded <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
2nd Dose: If the procedure was prolonged ⁵ , was a second dose of beta lactam antibiotic ⁶ given intraoperatively:							Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Less than 2.5hrs after Incision <input type="checkbox"/>	More than 3.5hrs after Incision <input type="checkbox"/>		Between 2.5 and 3.5hrs after Incision <input type="checkbox"/>		Not Recorded <input type="checkbox"/>		
Outcome			Infection Detected: Yes <input type="checkbox"/> No <input type="checkbox"/>			Infection Date: / /			
CBGB Procedures Only Infection Site(s) ⁷ : Chest <input type="checkbox"/> R Radial <input type="checkbox"/> L Radial <input type="checkbox"/> R Saphenous <input type="checkbox"/> L Saphenous <input type="checkbox"/>									

¹Use Caesarean Section Procedure (Denominator) Form, ²Tick if two procedures (from the same procedure group) requiring 2 incisions were performed at the same time, e.g. left and right KPRO, umbilical and femoral HER. ³If bilateral/2incisions HPRO/KPRO/BRST/HERN/CEA procedures are performed concurrently, duration of procedure should be inclusive of both procedures e.g. left and right procedures. If performed sequentially and there are two procedure durations documented, submit the longest duration, ⁴If an 8 hourly 3rd dose exceeds the 24 hours still tick N (No). It is recognised the intent is to cease within 24 hours, ⁵Prolonged procedures are those that continue greater than 4 hours after incision, ⁶Beta lactam antibiotics include **flucloxacillin, dicloxacillin, cephalothin and cefazolin**. If another antibiotic is given please contact VICNISS to confirm if it is a beta lactam antibiotic. ⁷Indicate all infection sites and complete a separate Surgical Site Infection (Numerator) Form for each infection.