

Type 2 Surgical Infection Report Surveillance Data Collection Form

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

FADED DATA FIELDS = NOT REQUIRED BY VICNISS

DO NOT ATTACH PATIENT BRADMA LABEL

VICNISS REQUIRED FIELDS – Fax to VICNISS 03 9342 2633

Hospital Code Number:

Patient Identification

MRN (UR No.):

Sex: M F

DOB: / /

General Details

Date Admitted to Hospital: / /

Procedure Details

Procedure Date: / /

Surgeon (coded):

Anaesthetist (coded):

Procedure performed at above listed hospital code number: Yes No

If 'No', **Where was the procedure performed:**

VICNISS Procedure Group:

Procedure:

ICD 10 AM code/s:

Wound Class: C CC CO D NA

Antibiotic Prophylaxis

Prophylactic Antibiotic: Yes No * Unknown

* **If 'No', was Prophylaxis known to have been withheld because:**

- patient on antibiotics for treatment of infection related to surgery; **or** Yes No
- patient having joint revision, and antibiotics to be given after old prosthesis removed for culture

Antibiotic (Generic Name)	Time of Administration	Antibiotic Continued >24hrs
	More than 1hr prior to Incision <input type="checkbox"/> Within 1hr prior to Incision <input type="checkbox"/> On Induction <input type="checkbox"/> After 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"/> Within 1hr prior to Incision <input type="checkbox"/> On Induction <input type="checkbox"/> After Incision <input type="checkbox"/> Not Recorded <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Outcome

Infection Date: / /

Infection Type: Deep incisional Organ / Space

Detected: During admission Post discharge surveillance HITH Readmission

Organ Space Site: *(If indicated in infection type please circle)*

Arterial or venous infection	Joint or bursa	Other infections of the urinary tract
Breast abscess or mastitis	GI tract	Other male or female reproductive
Endometritis	Osteomyelitis	Upper respiratory tract
Intraabdominal, not specified elsewhere	Other infections of the lower respiratory tract	Vaginal cuff

Organism Isolated: Yes No

Name of Primary Organism: MSSA MRSA Other_____

