

Infection Prevention & Control – Saskatoon

Client Addressograph Sticker

Date (dd/mmm/yyyy): _____

Person Reporting: _____

Facility Reporting: _____

Infection Prevention & Control Surgical Site Infection Follow Up

Client safety is an important priority for the former Saskatoon Health Region (SHR) Infection Prevention & Control Program. One risk to safe client outcomes during surgery is surgical site infections (SSIs). SSIs occur due to multiple factors impacting the client's outcome during the operation, and during the care of the client and their surgical site after surgery. Criteria for determining an SSI is based on CDC/NHSN Surveillance Definitions (2017). If you are performing dressing/wound care related to a surgery performed at the hospitals below, and any of the signs of infection below are present, please complete this form and fax it to the Infection Prevention & Control at **306-655-6142**.

1. Type of Surgery Performed: _____
 - Date of surgical procedure(dd/mmm/yyyy): _____
 - Hospital where surgery was performed: JPCH / RUH / SPH / SCH
2. Site of Infection*: Superficial Incisional / Deep Incisional / Organ Space
3. Please check () all the symptoms that developed after surgery:
 - Purulent drainage from the surgical site (or drain if applicable)
 - Increased pain or tenderness at the surgical site
 - Localized swelling
 - Erythema
 - Heat
 - Chills/fever with a temperature greater than 38°C or 100.4°F
 - **Date of symptom onset** (dd/mmm/yyyy): _____
4. Was a swab/sample taken of the surgical site/drainage? Yes No Unknown
5. Did the incision: Spontaneously dehisce / Require opening by physician / Require aspiration by physician
 - If so, was an abscess noted? Yes No Unknown
 - Was an imaging test done of the surgical site? Yes No Unknown
6. Was the infection diagnosed as a surgical site infection by a surgeon or attending physician or other designee? Yes No Unknown
7. Was a course of antibiotics related to the surgical site prescribed by a healthcare provider?
 Yes No Unknown
 - Antibiotic name and dose? _____
 - Date antibiotic started (dd/mmm/yyyy): _____

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Comments:

*Site of Infection:

