**SSI Proforma for ARSI in collaboration with WHO CC**

(Encircle the right option)

1. **Age (in years):**
2. **Gender: M/ F**
3. **Patient ID:**
4. **Hospital ID:**
5. **Phone Number1:**
6. **Phone Number 2:**
7. **ASA Grade of patient**

1 2 3 4

1. **Type of Anesthesia**

General/ Spinal/ Local

1. **Wound Class**

Clean/Clean- contaminated/Contaminated/ Dirty

1. **Date of Admission:**
2. **Date of Surgery:**
3. **Date of Discharge:**
4. **Name of Surgery:**
5. **Elective / Emergency Surgery**
6. **Open / Laparoscopic Surgery**
7. **Risk Factors:** Diabetes/Smoking/Asthma/Chemotherapy/CKD/Hypertension/Neurological Disorders/Radiotherapy/

Others(specify):

1. **Pre-operative shaving**

Day of surgery/ Day before surgery

1. **Pre-operative scrub bath:** Yes/ No
2. **Pre-operative nasal decontamination (mupirocin):** Yes/ No
3. **Duration of Surgery:**

\_\_\_\_\_\_\_\_\_\_\_\_ min

1. **Blood Transfusion Peri-op:** Yes/ No
2. **Use of Surgical Implant:** Yes/No
3. **Pre-op Antibiotic use:**
4. Yes/No
5. If Yes, What was the antibiotic used?

(Mention all the antibiotics used)

1. Dose of antibiotic given
2. **Immediate Post op Antibiotic**
3. Yes/No
4. If Yes, What was the antibiotic used?

(Mention all the antibiotics used)

1. Dose of antibiotic
2. Number of days given
3. **Time of SSI detection(if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Wound check (WC) | 1stWC (Day 2 or 3) | 2ndWC  (Day 7 or stich removal) | 3rdWC (at 1 month)  In person or telephonically |
| SSI Detection | Yes/No | Yes/No | Yes/No |

1. **Criteria for SSI detection**(Two of the below criteria necessary to diagnose SSI)(tick relevantbox/es)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fever | Redness | Tenderness | Persistent pain | Swelling | Purulent Discharge | Others(Specify) |
|  |  |  |  |  |  |  |

1. **Wound swabsent (in case of discharge)**Yes/No
2. **Culture & Sensitivity Report(if any)**

Organism

Sensitivity

1. **Post-operative antibiotics (in case of SSI detection)**
   1. Antibiotic used
   2. Dose
   3. Duration of antibiotic use
   4. Mode of delivery IV/ Oral