# 2025 NHSN Surgical Site Infection (SSI) Checklist

### **Surgical Site Infection (SSI) Documentation Review Checklist**

### **Definition of an NHSN Operative Procedure**

An <u>NHSN Operative Procedure</u> is a procedure:

• that is included in the ICD-10-PCS and/or CPT NHSN operative procedure code mapping

#### Λnd

 takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or entry is through an existing incision (such as an incision from a prior operative procedure)

### And

• takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.

J.	AILS:			
Date of Procedure				
CD-10-PCS/CPT C	Operative Procedure Code(s	s) Assigned:		
NHSN Operative I	Procedure Category(ies) (Co	OLO. HYST. etc.):		
SSI EVENT DETAIL				
SSI EVENT DETAIL Criterion	_S: Criterion Met	Date of Event	Procedure of Attribution	PATOS
		Date of Event	Procedure of Attribution	PATOS
Criterion		Date of Event	Procedure of Attribution	PATOS
Criterion SIP	Criterion Met	Date of Event	Procedure of Attribution	PATOS
Criterion SIP SIS	Criterion Met	Date of Event	Procedure of Attribution	PATOS

Please refer to Chapter 9 Surgical Site Infection (SSI) Event of the Patient Safety Manual for additional information.

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Surgical Site Infection (SSI)			
Superficial incisional SSI (SIP, SIS)			
Element	Element Met	Date	
Must meet the following criteria:			
Date of event occurs within 30 days following the NHSN operative procedure (where day $1 =$ the procedure date)			
<u>AND</u>			
involves only skin and subcutaneous tissue of the incision			
AND Patient has at least <u>one</u> of the following:			
a. purulent drainage from the superficial incision.			
<ul> <li>b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]).</li> </ul>			
<ul> <li>c. a superficial incision that is deliberately opened or re-accessed by a surgeon, physician* or physician designee</li> <li>AND</li> </ul>			
culture or non-culture based testing of the superficial incision or subcutaneous tissue is <u>not</u> performed  AND			
<ul> <li>patient has <u>at least one</u> of the following signs or symptoms:</li> <li>Localized pain or tenderness</li> <li>Localized swelling</li> <li>Erythema</li> <li>Heat</li> </ul>			
d. diagnosis of a superficial incisional SSI by a physician* or physician designee.			
*The term physician for the nurpose of application of the NHSN SSI criteria may be interpreted to n	nean a surge	20n	

### **Comments:**

There are two specific types of superficial incisional SSIs:

- 1. Superficial Incisional Primary (SIP) a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB)
- 2. Superficial Incisional Secondary (SIS) a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB)

**Note:** Refer to SSI Event Reporting Instruction #7 within <u>Chapter 9 Surgical Site Infection (SSI) Event</u> for NHSN operative procedure categories with secondary incision sites available for SSI attribution.

## **Reporting Instructions for Superficial incisional SSI:**

The following do not qualify as criteria for meeting the NHSN definition of superficial incisional SSI:

- Diagnosis/treatment of cellulitis does not meet superficial incisional SSI criterion 'd'.
- A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration).
- A localized stab wound or pin site infection; depending on the depth, these infections might be considered either a skin (SKIN) or soft tissue (ST) infection.



<sup>\*</sup>The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

drain.	
• For an NHSN operative procedure, a laparoscopic trocar site is considered a surgical incision and not a s	tab
wound. If a surgeon uses a laparoscopic trocar site to place a drain at the end of a procedure this is cons	
surgical incision.	
Comments/Notes:	
Comments/Notes.	

For the purpose of NHSN surveillance, the term "incision" refers to the incision made for the primary surgical procedure and the term "stab wound" refers to an incision made at another site, generally to accommodate a



Notes:

Surgical Site Infection (SSI)				
Deep incisional SSI (DIP, DIS)				
Element	Element Met	Date		
Must meet the following criteria:				
Date of event occurs within 30 or 90 days following the NHSN operative procedure (where				
day 1 = the procedure date) according to the list in <u>Table 2</u> (see below)				
AND				
involves deep soft tissues of the incision (for example, fascial and muscle layers)				
AND Patient has at least <u>one</u> of the following:				
a. purulent drainage from the deep incision.				
<ul> <li>a deep incision that is deliberately opened*, re-accessed, or aspirated by a surgeon, physician** or physician designee or spontaneously dehisces</li> <li>AND</li> </ul>				
organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]) or culture or non-culture based microbiologic testing method is not performed. A culture or non-culture base test from the deep soft tissues of the incision that has a negative finding does not meet this criterion.				
AND				
patient has <u>at least one</u> of the following signs or symptoms:  Fever (>38°C)  Localized pain or tenderness				
c. an abscess or other evidence of infection involving the deep incision detected on gross anatomical exam, histopathologic exam, or imaging test.				
*Excludes any known multi-part/multi-phase procedures that occur over more than one operative esame admission) that is documented in the medical record by a surgeon prior to first phase of the particle **The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to infectious disease physician, emergency physician, other physician on the case, or physician's design practitioner or physician's assistant).	rocedure. mean a sur			
<ol> <li>Comments:         <ul> <li>There are two specific types of deep incisional SSIs:</li> <li>Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB)</li> </ul> </li> <li>Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB)</li> </ol>				
<b>Note:</b> Refer to SSI Event Reporting Instruction #7 within <u>Chapter 9 Surgical Site Infection (SSI) Event</u> for NHSN operative procedure categories with secondary incision sites available for SSI attribution.				
Comments/Notes:				



Surgical Site Infection (SSI)				
Organ/Space SSI (O/S)				
Element	Element Met	Date		
Must meet the following criteria:				
Date of event occurs within 30 or 90 days following the NHSN operative procedure (where day 1 = the procedure date) according to the list in <u>Table 2</u> (see below)				
AND				
involves the organ/space tissues (deeper than the fascia/muscle)				
AND Patient has at least <u>one</u> of the following:				
<ul> <li>a. purulent drainage from a drain placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage).</li> </ul>				
<ul> <li>b. organism(s) identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]).</li> </ul>				
c. an abscess or other evidence of infection involving the organ/space detected on				
<ul> <li>gross anatomical exam <u>or</u></li> </ul>				
<ul> <li>histopathologic exam <u>or</u></li> </ul>				
imaging test evidence definitive or equivocal for infection				
AND				
Meets at least <u>one</u> criterion for a specific organ/space infection site listed in <u>Table 3</u> (see below). These criteria are found in the Surveillance Definitions for Specific Types of Infections ( <u>Chapter 17</u> ).				
<ul> <li>Comments:         <ul> <li>Examples of gross anatomic evidence of organ/space infection:</li> <li>An intraabdominal abscess will require an invasive procedure to actually visualize the absceroist visualization of pus or purulent drainage (includes from a drain).</li> <li>Abdominal pain or tenderness post Cesarean section (CSEC) or hysterectomy (HYST or VH) anatomic evidence of infection without an invasive procedure to meet general Organ/Space when a Chapter 17 Reproductive Tract Infection criterion is met. Allowing the documenta or tenderness as gross anatomic evidence of infection to meet general Organ/Space SSI critical user to report an SSI-OREP, SSI-EMET, or SSI-VCUF event. Abdominal pain or tenderness cale of other evidence of infection on gross anatomic examost to meet Deep Incisional SSI criterion Chapter 17 site-specific criterion (for example, OREP 2).</li> </ul> </li> <li>Comments/Notes:</li> </ul>	YS) is sufficions e SSI criterion of abdoterion 'c' en nnot be app	on 'c' ominal pain ables the lied as		



Table 2. Surveillance Periods for SSI Following Selected NHSN Operative Procedure Categories. Day 1 = the date of the procedure.

30-day Surveillance				
Category	Operative Procedure	Category	Operative Procedure	
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy	
AMP	Limb amputation	LTP	Liver transplant	
APPY	Appendix surgery	NECK	Neck surgery	
AVSD	Shunt for dialysis	NEPH	Kidney surgery	
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery	
CEA	Carotid endarterectomy	PRST	Prostate surgery	
CHOL	Gallbladder surgery	REC	Rectal surgery	
COLO	Colon surgery	SB	Small bowel surgery	
CSEC	Cesarean section	SPLE	Spleen surgery	
GAST	Gastric surgery	THOR	Thoracic surgery	
HTP	Heart transplant	THYR	Thyroid and/or parathyroid	
			surgery	
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy	
КТР	Kidney transplant	XLAP	Exploratory Laparotomy	
	90-day Surv	veillance		
Category	Operative Procedure			
BRST	Breast surgery			
CARD	Cardiac surgery			
CBGB	Coronary artery bypass graft with both chest and donor site incisions			
CBGC	Coronary artery bypass graft with chest incision only			
CRAN	Craniotomy			
FUSN	Spinal fusion			
FX	Open reduction of fracture			
HER	Herniorrhaphy			
HPRO	Hip prosthesis			
KPRO	Knee prosthesis			
PACE	Pacemaker surgery	Pacemaker surgery		
PVBY	Peripheral vascular bypass surgery			
VSHN	Ventricular shunt			

### Notes:

- Superficial incisional SSIs are monitored for a 30-day period for all procedure categories.
- Secondary incisional SSIs are monitored for a 30-day period regardless of the surveillance period for the primary incision site.



Table 3. Specific Sites of an Organ/Space SSI

Category	Specific Site	Category	Specific Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity infection (mouth, tongue, or gums)
DISC	Disc space infection	OREP	Deep pelvic tissue infection or other infection of the male or female reproductive tract
EAR	Ear, mastoid infection	PJI	Periprosthetic joint infection
EMET	Endometritis	SA	Spinal abscess/infection
ENDO	Endocarditis	SINU	Sinusitis
GIT	Gastrointestinal (GI) tract infection	UR	Upper respiratory tract, pharyngitis, laryngitis, epiglottitis
IAB	Intraabdominal infection, not specified elsewhere	USI	Urinary System Infection
IC	Intracranial infection	VASC	Arterial or venous infection
JNT	Joint or bursa infection	VCUF	Vaginal cuff infection
LUNG	Other infection of the lower respiratory tract		

### Notes:

- Criteria for these sites can be found in <u>Chapter 17 Surveillance Definitions for Specific Types of Infections</u>.
- Appendix A found within <u>Chapter 9 Surgical Site Infection [SSI] Event</u> contains a complete list of all NHSN operative procedure categories and the corresponding site-specific SSIs that may be attributable to each category.

