

## ZSIP SURVEY 2017

Patient's Data – Application Form P		Patient Code Number:
Hospital Code:	Date of admission: .....	(day/month/year)
Surgical Service:	Date of surgery: .....	(day/month/year)
Operating Room:	Discharge date: .....	(day/month/year)
Surgical Location:	Reason for discharge:	
<b>Intrinsic Risk Factors</b>		
Sex: <input type="radio"/> Woman <input type="radio"/> Man	Date of Birth: .....	(day/month/year)
Diabetes Mellitus: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Immunodeficiency: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Obesity: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Immunosuppression: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Smoking: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hypoalbuminemia: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Surgical Intervention</b>		<b>Preventive Intervention</b>
Type of Surgery: <input type="radio"/> Urgent <input type="radio"/> Scheduled	ZSI Sheet Available: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Endoscopic Surgery <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Antibiotic Administered for Surgical Prophylaxis .....	
Duration (minutes): .....	Antibiotic Prophylaxis assessment on indication/application/time .....	
Surgery Contamination Degree: .....	Antibiotic-incision interval <60 minutes <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
ASA Classification: .....	Correct Overall Antibiotic Prophylaxis <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
NHSN-NNIS Score: .....	Skin antiseptics <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Infection Data</b>		2% Alcoholic Chlorhexidine <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Hospital-Acquired Infection (HAI)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Use of applicator <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Surgical Site Infection (SSI)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Aqueous Chlorhexidine <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<input type="radio"/> Superficial incisional <input type="radio"/> Deep <input type="radio"/> Organ or space infection	Iodine Povidone or others <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
In case of CBGB, what type of SSI?	Antiseptic consumption .....	
<input type="radio"/> Primary <input type="radio"/> Secondary	Friction, back and forth movement <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Bacteremia-Sepsis due to SSI <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Correct Overall Skin Preparation <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Vascular Catheter Associated Bacteremia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hair removal <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Pneumonia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Electric Clipper <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Urinary tract Infection <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Razor/Shaver <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Others <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Others/Waxing hair removal <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
SSI start date ___ / ___ / ___	Previous bath/shower <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Period where the infection appeared: <input type="radio"/> No SSI <input type="radio"/> Hospitalization <input type="radio"/> Post-discharge	Correct Overall Hair Removal <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
SICU Transfer: <input type="radio"/> No <input type="radio"/> Yes, due to SSI <input type="radio"/> Yes, other causes	Normothermia Indicated <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Readmission due to SSI: <input type="radio"/> No <input type="radio"/> Yes, due to SSI <input type="radio"/> Yes, other causes	Normothermia Application <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Reintervention: <input type="radio"/> No <input type="radio"/> Yes, due to SSI <input type="radio"/> Yes, other causes	Blanket Application <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Post-Surgical Mortality: <input type="radio"/> No <input type="radio"/> Yes, due to SSI <input type="radio"/> Yes, other causes	Use of Fluid Heaters <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Incident linked to ZSI Protocol: <input type="radio"/> Yes <input type="radio"/> No	Correct Overall Normothermia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Microorganisms and resistance</b>		Normoglycemia Indicated <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>Resistance Code</b>		Normoglycemia Application <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Causal Agents:	Correct Overall Normoglycemia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Causal Agent 1: <input type="radio"/> Cod.0 <input type="radio"/> OCod.1 <input type="radio"/> OCod.2 <input type="radio"/> OCod.9	Correct 3 areas Bundle <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Causal Agent 2: <input type="radio"/> Cod.0 <input type="radio"/> OCod.1 <input type="radio"/> OCod.2 <input type="radio"/> OCod.9	Correct 5 areas Bundle <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Causal Agent 3: <input type="radio"/> Cod.0 <input type="radio"/> OCod.1 <input type="radio"/> OCod.2 <input type="radio"/> OCod.9	Expanded Bundle: <input type="radio"/> No <input type="radio"/> Colon Specific <input type="radio"/> Fast-Track <input type="radio"/> Others	
<b>Surgical surveillance completed (30 or 90 days) <input type="radio"/> Yes <input type="radio"/> No</b>		