

Name: \_\_\_\_\_ Med Record Nbr: \_\_\_\_\_ DOB: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Location: \_\_\_\_\_  Male  Female

Date of Operation: \_\_\_\_\_ Surgery Start: \_\_\_\_\_ Surgery End: \_\_\_\_\_ Or Room \_\_\_\_\_

Surgeon Code: \_\_\_\_\_ Service: \_\_\_\_\_ Skin Prep:  CHG  
 Povidone Iodine  
 Chloraprep (CHG & Alcohol)  
 Duraprep (Povidone & Alcohol)  
 Alcohol  
 Other \_\_\_\_\_

Operation: \_\_\_\_\_

ASA: \_\_\_\_\_ Wound Class: \_\_\_\_\_

Infection present at time of surgery?  Yes  No

Comments: \_\_\_\_\_

Preop Nasal Povidone:  Yes  No  Not documented  
Hair removal:  None  Clipped  Shaved in OR  Shaved before OR  Depilatory  
Abx prophylaxis:  Yes  No  Not documented

Abx:	Abx Start	Abx Redose Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Abx Duration:  Pre-op only  Pre and post-op ≤ 24h  More than 24h post-op

Minimum Temp: \_\_\_\_\_  Not recorded O<sub>2</sub> Sat Min: \_\_\_\_\_

Glucose checked:  Yes  No  Not documented  Indeterminant

Glucose Max (24h) \_\_\_\_\_

Immediate Use or Flash Sterilization:  Yes  No  Not documented  Indeterminant

BMI: \_\_\_\_\_

Infection Details: Surgical Wound Infection Type:  SI  DI  OS  
SI Primary/secondary  
DI Primary/secondary  
OS Organ Space

Onset: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Severity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Culture Date	Site	Organism	Resisittance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_