



## DENOMINATOR FOR PROCEDURE DETAILS

Page 1 of 2  
**Denominator for Procedure** \*Required for AMP

Facility ID	Procedure #
*Patient ID	Social Security #
Secondary ID	Medicare #
Patient Name, Last	First
*Gender: F M Other	*Date of Birth
Ethnicity (Specify)	Race (Specify)
Event Type: PROC	NHSN Procedure Code
*Date of Procedure	ICD-10-PCS or CPT Procedure Code

**Procedure Details**

*Outpatient: Yes No	*Duration: Hours Minutes
*Wound Class: C CC CO D	*General Anesthesia: Yes No
ASA Score: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No	*Diagnosis Method: Yes No
*Triage: Yes No	*Closure Technique: Primary Other than primary
(Specify one) _____ inches	Surgeon Code: _____
*Weight: _____ (Specify one) _____	
CASEC: *Duration of Labor: _____ hours	
Circle one: FUSN	
*Spinal Level (check one)	
<input type="checkbox"/> Atlas-axis	*Approach/Technique (check one)
<input type="checkbox"/> Cervical	<input type="checkbox"/> Anterior
<input type="checkbox"/> Cervical/Dorsal/Conus/Lumbar	<input type="checkbox"/> Posterior
<input type="checkbox"/> Dorsal/Conus/Lumbar	<input type="checkbox"/> Anterior and Posterior
<input type="checkbox"/> Lumbar/Lumbosacral	
Circle one: HPRO KPRO	

ICD-10-PCS Operational Procedure Code for AMP/BRST

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## NHSN INPATIENT OPERATIVE PROCEDURE VS. NHSN OUTPATIENT OPERATIVE PROCEDURE

### ► NHSN Inpatient Operative Procedure:

- An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.

### ► NHSN Outpatient Operative Procedure:

- An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day.

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## DENOMINATOR REPORTING INSTRUCTIONS

- Denominator data is submitted for each individual NHSN operative procedure performed assigned to the procedure category selected for monitoring on the facility MRP.
- Depending on scenario, Denominator Reporting Instructions provide guidance related to:
  - Number of procedure forms to complete
  - Duration of procedure(s)
  - More than one operative procedure through same incision/surgical space within 24 hours
  - HYST/VHYS reporting
  - Patient expires in the Operating Room

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## APPENDIX B: GUIDANCE FOR MULTIPLE PROCEDURE REPORTING

**APPENDIX B**  
 Guidance for Multiple Procedure Reporting

This table addresses the 12 NHSN operative procedure categories that are included in **Denominator for Reporting Instruction #6**. Same NHSN operative procedure categories via separate incision: AMP, BRST, CEA, FUSN, FX, HER, HPRO, KPRO, LAM, NEPH, OVRY, PVBY. The instruction provides guidance on correct procedure reporting when multiple procedures from one of these categories (procedures from the same category) are performed via separate incisions per patient per calendar day. The table includes the maximum # of procedures per day per patient and an explanation.

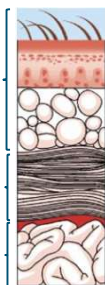
Operative Procedure Category	Maximum # of Procedures Per Day	Explanation
AMP - Loop resection	4	Corresponds to the four (4) extremities (left arm, left leg, right arm, right leg).  In instances where multiple AMP procedures are performed on the same extremity only one AMP procedure should be reported for that extremity.  Corresponds to the left breast and right breast.  Corresponds to the left artery and right artery.
BRST - Breast resection	2	Corresponds to the left (L) and right (R) breasts.
CEA - Cerebral aneurysm resection	2	Corresponds to the left (L) and right (R) arteries.
FX - Spinal fusion	4	Corresponds to the four (4) anatomical spinal levels (cervical, thoracic, lumbar, sacral).  When more than one anatomical spinal level is fused, report the specific spinal level and approach to which the most extensive work was done.  The number of FX procedures reported depends on various factors: • When a spinal fusion procedure is performed on one spinal level (cervical, thoracic, lumbar, sacral), this is considered one FX procedure for reporting purposes, although multiple joints may be fused and multiple procedures will be staged. • When an anterior and posterior incision is made to access the same vertebral segment (spinal level) such as C5-C6, report both the anterior and posterior approaches (one HPRO procedure is required, indicate "Anterior and Posterior" approach on the denominator for procedure form).

- Addresses the 12 NHSN operative procedure categories that are in **Denominator for Reporting Instruction #6**- Same NHSN operative procedure category via separate incision: AMP, BRST, CEA, FUSN, FX, HER, HPRO, KPRO, LAM, NEPH, OVRY, PVBY.
- Correct procedure reporting when multiple procedures form one of these categories (procedures from the same category) are performed via separate incision per patient per calendar day.
- The table includes the maximum # of procedures per day per patient and an explanation.

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## SSI: THREE TISSUE LEVELS SURGICAL SITE INFECTION CRITERIA

- **Superficial Incisional**
  - Skin and subcutaneous tissues of the incision
- **Deep Incisional**
  - Deep soft tissues of the incision
  - For example, muscle and fascia
- **Organ/Space**
  - Any part of the body deeper than the fascial/muscle layers



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## DEFINITIONS

### ► Superficial Incisional SSI Criteria:

- Must meet the following criteria
  - DOE occurs within 30 after any NHSN operative procedure
  - Day 1 = procedure date
- AND**
- Involves only skin and subcutaneous tissue of the incision



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## DEFINITIONS

### ► Superficial Incisional SSI Criteria cont.:

#### AND

- Patient has at least one of the following
  - a. Purulent drainage from the superficial incision.
  - b. Organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing.
  - c. Superficial incision that is deliberately opened by a surgeon, physician\* or physician designee and culture or non-culture-based testing is not performed **AND** Patient has at least one of the following signs or symptoms: localized pain or tenderness, localized swelling, erythema, or heat.
  - d. Diagnosis of superficial incisional SSI by a physician\* or physician designee

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## DEFINITIONS

### ► Superficial Incisional SSI Criteria Notes:

#### ► Two specific types of superficial incisions SSIs

#### ► 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 (chest incision for CBGB)

#### ► Superficial incisional secondary (SIS)

- A superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with one or more incisions (e.g., donor site for CBGB)

**Note:** Refer to SSI Event Reporting Instruction #7 for NHSN operative procedure categories with secondary incision sites available for SSI attribution.

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## KEY CONCEPT

### ► Reporting Instructions for Superficial SSI

- A stitch abscess (minimal inflammation and discharge contained to the points of suture penetration) is not considered an SSI
- A localized stab wound, or pin site infection is not considered an SSI
  - may be SKIN/ST infection
  - A laparoscopic trocar site is considered a surgical incision and not a stab wound. If the surgeon uses the trocar site to place a drain at the end of the procedure this is considered a surgical incision.
- Diagnosis of cellulitis (redness/warmth/swelling), by itself, does not meet the criteria for incision SSI criterion 'd'.

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## KNOWLEDGE CHECK

- 11/1 – Mr. Wall is admitted for a spinal fusion.
- 11/4 - patient discharged
- 11/20 – on post-op visit patient noted to have redness and swelling of the superficial incision. The wound is not cultured nor probed. The patient is given antibiotics and sent home.

#### Does this meet the superficial SSI definition?

- 11/29 Mr. Wall presents to the Emergency room with purulent drainage from the superficial incision. The wound is cultured and grows MRSA. Patient is given antibiotics and discharged home.

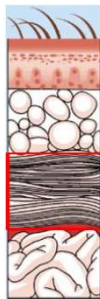
#### Does the patient meet the superficial SSI definition?

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## DEFINITIONS

### ► Deep Incisional SSI Criteria:

- Must meet the following criteria
  - DOE occurs within 30 or 90 days after any NHSN operative procedure according to the list in Table 2 in Chapter 9
    - Day 1 = procedure date
- AND**
- Involves deep soft tissues of the incision
  - For example, fascial and muscle layers



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## DEFINITIONS

### ► Deep Incisional SSI Criteria cont:

#### AND

- Patient has at least one of the following:
  - a. Purulent drainage from the deep incision
  - b. Deep incision spontaneously dehisces or is deliberately opened or aspirated by a surgeon, **physician\*\* or physician designee** **AND** is **culture-positive or not cultured**. *A culture-negative finding does not meet this criterion.* **AND** The patient has at least one of the following signs or symptoms: fever (>38°C), or localized pain or tenderness.
  - c. An abscess or other evidence of infection involving the deep incision is detected on gross anatomical or histopathologic exam, or imaging test

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## DEFINITIONS

### ► Deep Incisional SSI Criteria Notes:

- Two specific types of deep incisions SSIs
- Deep incisional primary (DIP)
  - A deep incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (chest incision for CBGB)
- Deep incisional secondary (SIS)
  - A deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with one or more incisions (e.g., donor site for CBGB)

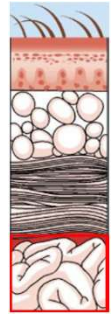
**Note:** Refer to SSI Event Reporting Instruction #7 for NHSN operative procedure categories with secondary incision sites available for SSI attribution.

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## DEFINITIONS

### ► Organ/Space SSI Criteria:

- Must meet the following criteria
    - DOE occurs within 30 or 90 days after any NHSN operative procedure according to the list in Table 2 in Chapter 9
      - Day 1 = procedure date
- AND**
- Involves any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure



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## DEFINITIONS

### ► Organ/Space SSI Criteria cont.:

**AND**

- Patient has at least one of the following:
  - a) Purulent drainage from a drain that is placed into the organ/space
    - for example: closed suction drainage system, open drain, T-tube drain, CT-guided drainage
  - b) Organism(s) identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method
  - c) An abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence definitive or equivocal for infection.

**AND**

- Meets at least one criterion for a specific organ/space infection site listed in Table 3. These criteria can be found in the Surveillance Definitions for Specific Types of Infections, Chapter 17

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## ORGAN SPACE SSI

- General Organ space SSI criterion AND applicable Chapter 17 site-specific criterion must be met to fully meet Organ Space SSI criteria.

**AND**

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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	PIJ	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		

(Criteria for these sites can be found in Chapter 17 (Surveillance Definitions for Specific Types of Infections))

**Note:** Appendix contains a list of all NHSN operative procedure categories and the site-specific SSIs that may be attributable to each category.

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## Criteria can be found in the Surveillance Definitions for Specific Types of Infections, Chapter 17

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**APPENDIX A**  
Specific event types available for SSI attribution by NHSN procedure category

Operative Procedure Category	Specific Event Type
AAA - Abdominal aortic aneurysm repair	DIP - Deep Incisional Primary ENDO - Endocarditis GIT - Gastrointestinal tract IAB - Intraabdominal, not specified elsewhere SIP - Superficial Incisional Primary VASC - Arterial or venous infection
AMP - Limb amputation	BONE - Osteomyelitis DIP - Deep Incisional Primary JNT - Joint or bursa SIP - Superficial Incisional Primary
APPY - Appendix surgery	DIP - Deep Incisional Primary GIT - Gastrointestinal tract IAB - Intraabdominal, not specified elsewhere SIP - Superficial Incisional Primary
AVSD - AV shunt for dialysis	DIP - Deep Incisional Primary SIP - Superficial Incisional Primary VASC - Arterial or venous infection
BILI - Bile duct, liver or pancreatic surgery	DIP - Deep Incisional Primary GIT - Gastrointestinal tract IAB - Intraabdominal, not specified elsewhere SIP - Superficial Incisional Primary
BRST - Breast surgery	BRST - Breast abscess or mastitis DIP - Deep Incisional Primary DS - Deep Incisional Secondary SIP - Superficial Incisional Primary SD - Superficial Incisional Secondary
CARD - Cardiac surgery	BONE - Osteomyelitis CARD - Myocarditis or pericarditis DIP - Deep Incisional Primary ENDO - Endocarditis IAB - Intraabdominal, not specified elsewhere LUNG - Other infections of the lower respiratory tract MED - Mediastinitis SIP - Superficial Incisional Primary VASC - Arterial or venous infection

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## SSI-PROCEDURE-ASSOCIATED MODULE

- Chapter 2 terms **not** applicable to SSI:
  - Infection window period (IWP)
  - Present on admission (POA)
  - Healthcare-associated infection
  - (HAI)
  - Repeat infection timeframe (RIT)
- SSI protocol uses terms:**
  - Date of Event (DOE)
  - Secondary BSI Attribution Period

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## SURVEILLANCE PERIOD

- The timeframe following an NHSN operative procedure for monitoring and identifying an SSI event.
  - The surveillance period is determined by the NHSN operative procedure category (Table 2).
  - Superficial incisional SSI: 30-day surveillance period for all procedure categories.
  - Secondary incisional SSI: 30-day surveillance period for secondary incision site for all procedure categories.

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	NCK	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	SE	Small bowel surgery
CSEC	Cesarean section	SPL	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HFT	Heart transplant	THYR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	SLAP	Exploratory laparoscopy
90-day Surveillance			
Category	Operative Procedure		
BRST	Breast surgery		
CARD	Cardiac surgery		
CBG	Coronary artery bypass graft with both chest and donor site incisions		
CBG	Coronary artery bypass graft with chest incision only		
CRAN	Cranectomy		
FUSN	Spinal fusion		
FX	Open reduction of fracture		
HBR	Hemorrhoidectomy		
HPRD	Hip prosthesis		
KPRD	Knee prosthesis		
PAEC	Pacemaker surgery		
PVBY	Peripheral vascular bypass surgery		
VSDN	Ventricular shunt		

Notes:

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

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## DATE OF EVENT (DOE) FOR SSI

- The date when the first element used to meet the SSI infection criterion occurs for the first time during the SSI surveillance period.
  - DOE must occur within appropriate 30- or 90-day SSI surveillance period.
  - The type of SSI reported, and the DOE assigned must reflect the deepest tissue level where SSI criteria are met during the surveillance period.
    - Example: COLO performed
      - Meets SIP-SSI with DOE on day 8 of surveillance period.
      - Meets DIP-SSI with DOE on day 21 of surveillance period.
      - DIP-SSI reported with DOE as day 21 attributed to the COLO.

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## SSI EVENT DETAIL: TIMEFRAME FOR SSI ELEMENTS

- SSI guidelines do not offer a strict timeframe for elements of criteria to occur but in NHSN's experience, all elements required to meet an SSI criterion usually occur within a 7–10-day timeframe with typically no more than 2–3 days between elements.
- To ensure all elements associate to the SSI, elements must occur in a relatively tight timeframe.
  - Example: An element on day 5 of the surveillance period with another element three weeks later should not be used to cite an SSI.
- Cases differ based on elements that occur and type of SSI under consideration

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## SECONDARY BSI SCENARIOS FOR SSI

- Scenario 1 (all levels of SSI):** At least **one** organism from the blood specimen **matches an organism identified from the site-specific specimen** used as an element to meet the NHSN SSI criterion AND the blood specimen is collected during the secondary BSI attribution period.
- The secondary BSI attribution period for SSI is a 17-day period which includes the SSI DOE, 3 days prior and 13 days after.

OR

Post-Op Day	SSI Secondary BSI Attribution Period
9	
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12	
13	DOE for an SSI
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## SECONDARY BSI SCENARIOS FOR SSI

- **Scenario 2 (Organ/Space SSI Only):** An organism identified in the blood specimen is an element that is used to meet the NHSN Organ/Space SSI site-specific infection criterion and is collected during the timeframe for SSI elements.

IAB-Intraabdominal infection, not specified elsewhere, including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, retroperitoneal, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere

Intraabdominal infections must meet at least one of the following criteria:

1. Patient has organism(s) identified from an abscess or from purulent material from intraabdominal 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 (ASG/AST).
2. Patient has at least one of the following:
  - a. abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam.
  - b. abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam (See Reporting Instructions)

**AND**

organism(s) identified from blood 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 (ASG/AST). The organism(s) identified in the blood must contain at least one MBI organism on the NHSN Organism List that can be accessed via the [search tool](#) or the new [NHSN Terminology Browser](#).

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## GROSS ANATOMICAL EXAM



- Evidence of infection elicited or visualized on physical examination or observed during an invasive procedure.
- Examples:
  - intraabdominal abscess visualized during surgery
  - Visualization of pus or purulent drainage (includes from a drain).
  - SSI only: Abdominal pain or tenderness **post Cesarean section (CSEC) or hysterectomy (HYST/VHYS)** is sufficient gross anatomic evidence of infection without an invasive procedure to meet general Organ/Space SSI criterion "c" when a Chapter 17 reproductive tract infection criteria is met.
- **Imaging test evidence of is not gross anatomic evidence of infection.**

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## PURULENCE

- NHSN does not define purulence, as there is no standard, clinically agreed upon definition
  - The descriptors "pus" or "purulence" are sufficient evidence
- Drainage using a color descriptor **AND** a consistency descriptor (if combined) are acceptable to indicate purulence:
  - **Color:** green, yellow
  - **Consistency:** milky, thick, creamy, opaque, viscous
  - Example: 'thick yellow' drainage is acceptable to indicate purulence but 'thick' alone or 'yellow' alone is not.
- Gram stain results (WBCs or PMNs) cannot be used to define purulence

**Note:** The following descriptors cannot be used to define purulence/infection: 'Cloudy', 'turbid', 'murky', or the odor of the wound.

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## SSI EVENT REPORTING INSTRUCTIONS

- SSI Event Reporting Instructions starting on page 9-18 of the SSI module, provides guidance on accurate SSI even reporting including:
- Excluded organisms
  - Infection Present at the time of surgery (PATOS)
  - SSI attribution
  - SSI even detected at another facility
  - SSI following invasive manipulation or accession of the operative site

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## INFECTION PRESENT AT TIME OF SURGERY(PATOS)

- Denotes that there is evidence of an infection visualized (seen) during the operative procedure to which the SSI is attributed.
- The evidence of infection must be noted intraoperatively and documented within the **narrative portion** of the operative note or report of surgery (commonly labeled the 'procedure in detail' or 'description of procedure's section')
  - Pre/post op diagnoses, 'indication for surgery' NOT surgical narrative.
  - A "Findings" section, if a reflection of what the surgeon 'sees' present at the time of surgery, can be considered a surgical narrative.
- PATOS is tissue level specific meaning the documented infection must be at the same tissue level of the subsequent SSI.
- Pathology findings, culture results, wound classification, trauma status, and imaging test findings cannot be used for PATOS determination.
- Traumas resulting in a contaminated case does not necessarily meet PATOS.

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## INFECTION PRESENT AT TIME OF SURGERY(PATOS)

- Examples that indicate evidence of infection may include:
  - Abscess, infection, purulence, phlegmon, or "feculent peritonitis".
  - A ruptured/perforated appendix is evidence of infection at the organ/space level
- Examples of verbiage that is not considered evidence of infection include but are not limited to:
  - colon perforation, contamination, necrosis, gangrene, fecal spillage, nicked bowel during procedure, or a note of inflammation.
- The use of the ending "itis" in an operative note does not automatically meet PATOS, as it may only reflect inflammation.
  - Examples: diverticulitis, peritonitis, appendicitis.

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## SSI FOLLOWING INVASIVE MANIPULATION/ACCESSION OF THE OPERATIVE SITE

- An SSI will not be attributed if the following 3 criteria are **ALL** met:
  - During the post-operative period, the surgical site is without evidence of infection related to the surgical site/space.
  - An invasive manipulation/accesion of the site is performed for diagnostic or therapeutic purposes (for example, needle aspiration, accesion of ventricular shunts, accesion of breast expanders)
  - An infection subsequently develops in a tissue level which was entered during the manipulation/accesion
- Notes:
  - Suspicion or evidence of infection may include signs and symptoms of infection (e.g. fever, abdominal pain) depending on the site of the procedure.
  - Tissue levels not manipulated/accesed are still eligible for SSI.
  - Does not include closed manipulation, wound packing or changing of wound packing materials, or routine flushing of catheters as part of standard care and maintenance.

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## SSI ATTRIBUTION

- SSI attribution after multiple categories of NHSN procedures are performed during a single trip to the OR:
  - Attribute the SSI to the procedure that is thought to be associated with the infection.
  - When attribution is not clear, use the NHSN Principal Operative Procedure Category Selection Lists (Table 4) to select the operative procedure to which to attribute the SSI.

Table 4. NHSN Principal Operative Procedure Category Selection List

(The categories with the highest risk of SSI are listed below those with lower risks.)

Priority	Category	Abdominal Operative Procedures
1	LTP	Liver transplant
2	CSG	Colon surgery
3	BLI	Bile duct, liver or pancreatic surgery
4	SM	Small bowel surgery
5	BSC	Rectal surgery
6	KTP	Kidney transplant
7	GST	Gastric surgery
8	AAA	Abdominal aortic aneurysm repair
9	HST	Abdominal hysterectomy
10	CSC	Cesarean section
11	KLAP	Laparoscopy
12	APP	Appendix surgery
13	HER	Hemorrhoid surgery
14	NUS	Nipple surgery
15	VHS	Vaginal hysterectomy
16	SPL	Spleen surgery
17	CSL	Gall bladder surgery
18	OVRY	Ovarian surgery
Priority	Category	Thoracic Operative Procedures
1	HTP	Heart transplant
2	CSG	Coronary artery bypass graft with donor incision
3	CSG	Coronary artery bypass graft, chest incision only
4	CARD	Cardiac surgery
5	THOR	Thoracic surgery
Priority	Category	Neurological (Brain/Spinal) Operative Procedures
1	VTRN	Ventricular shunt
2	CRAN	Cranial
3	FUSN	Spinal fusion
4	LAMP	Laminectomy
Priority	Category	Neck Operative Procedures
1	NECK	Neck surgery
2	THYR	Thyroid and/or parathyroid surgery

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## RESOURCES

- NHSN Surgical Site Infection (SSI) Events webpage
  - <https://www.cdc.gov/nhsn/pssc/ssi/index.html>
- Patient Safety Component Manual Chapter 9: SSI Protocol
  - <https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscurrent.pdf>
- Patient Safety Component Manual Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections
  - <https://www.cdc.gov/nhsn/pdfs/pscmanual/17pscscurrent.pdf>
- FAQs: Surgical Site Infections (SSI) Events:
  - <https://www.cdc.gov/nhsn/faqs/faq-ssi.html>
- Surgical Site Procedure Codes
  - [FAQs: Surgical Site Procedure Codes | NHSN | CDC](#)

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## QUESTIONS



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