

DATA COLLECTION FORM FOR SURGICAL SITE INFECTIONS
- OP-KISS -

PROCEDURE
Date of surgery:
Procedure type:
SURGICAL SITE INFECTION
Date of infection:
Type of infection (according to KISS definitions):
<input type="checkbox"/> SUPERFICIAL (A1) <input type="checkbox"/> DEEP (A2) <input type="checkbox"/> ORGAN/SPACE (A3)
Time of diagnosis: <input type="checkbox"/> During hospitalisation <input type="checkbox"/> After discharge <input type="checkbox"/> On readmission
Causative microorganisms (max. 4):
1.
2.
3.
4.
COMPLICATIONS
Secondary BSI within the surveillance period: <input type="checkbox"/> yes <input type="checkbox"/> no
Microorganism in blood culture:
Death within the surveillance period: <input type="checkbox"/> yes <input type="checkbox"/> no
COMMENTS (internal, not considered by the NRZ)

This form can be used for internal recording. Data can only be transmitted electronically to the national reference centre (Nationales Referenzzentrum, NRZ) via webKess.