



Infection Prevention and Control

### Surgical Site Infection Data Collection Form

Client: \_\_\_\_\_  
DOB (dd/mmm/yyyy): \_\_\_\_\_  
HRN / MHSC: \_\_\_\_\_  
PHIN#: \_\_\_\_\_

Addressograph/Place Label Here

**Please complete for all targeted surgeries:**  
**Cesarean Section, Open Colorectal, Total Hip Arthroplasty and Total Knee Arthroplasty**

**PRE-OP SECTION**

Date of surgery: \_\_\_\_\_

Surgical Centre: \_\_\_\_\_

Name of pre-op antibiotic: \_\_\_\_\_

Pre-op antibiotic prophylaxis given:       Yes       No

Pre-op antibiotic start time: \_\_\_\_\_

**INTRA-OP SECTION**

Surgical Procedure:

C-section     Open Colorectal     Total Hip Arthroplasty     Total Knee Arthroplasty

Wound Class:     Class I       Class II       Class III       Class IV

Surgery start time: \_\_\_\_\_

**POST-OP SECTION**

Patient's temperature on arrival to PACU: \_\_\_\_\_

**Please forward completed form to site Infection Control Practitioner (ICP)**