



SSI Event Reporting Instructions:

1. **Excluded organisms:** Well-known community associated organisms (organisms belonging to the following genera: *Blastomyces*, *Histoplasma*, *Coccidioides*, *Paracoccidioides*, *Cryptococcus* and *Pneumocystis*) and/or organisms associated with latent infections (for example, herpes, shingles, syphilis, or tuberculosis) are excluded from meeting SSI criteria.
2. **Attributing SSI to an NHSN operative procedure when there is evidence of infection at the time of the primary surgery:** The Present on Admission (POA) definition does not apply to the SSI protocol. If evidence of infection is present at the time of the procedure and the patient meets SSI criteria within the SSI surveillance period following the procedure, an SSI is attributed to the procedure (for guidance on PATOS determination, see PATOS reporting instruction below). A high wound class is not an exclusion for a patient later meeting criteria for an SSI, but in most cases is included as a risk factor for SSI in risk modeling.
3. **Infection present at time of surgery (PATOS):** PATOS is a YES/NO field on the SSI event form. PATOS denotes that there is evidence of infection visualized (seen) during the surgical 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.

The patient does not have to meet the NHSN definition of an SSI at the time of the procedure, but there must be documentation that there is evidence of infection present at the time of surgery.

- a) Only select PATOS = YES if it applies to the depth of the SSI that is being attributed to the procedure. Example:
 - If a patient has evidence of an intraabdominal infection documented intraoperatively at the time of surgery and then later returns with an organ/space SSI the PATOS field would be selected as a YES.
 - If a patient has evidence of an intraabdominal infection documented intraoperatively at the time of surgery and then later returns with a superficial or deep incisional SSI the PATOS field would be selected as a NO.
- b) Examples that indicate evidence of infection include but are not limited to: abscess, infection, purulence/pus, phlegmon, or “feculent peritonitis” documented in the operative report. An appendix that has ruptured will meet PATOS = YES, if the patient has a subsequent intraabdominal organ space SSI.
- c) The following verbiage alone without specific mention of infection does not meet the PATOS definition: colon perforation, contamination, necrosis, gangrene, fecal spillage, nicked bowel during procedure, or a note of inflammation.



- d) The use of the ending “itis” in an operative note/report of surgery does not necessarily meet PATOS, as it may only reflect inflammation which is not infectious in nature (for example, diverticulitis, peritonitis, and appendicitis).
- e) Identification of an organism alone using culture or non-culture based microbiologic testing method or on a pathology report from a surgical specimen does not = PATOS (specifically, a positive culture/path report without surgical documentation of infection is not PATOS = YES).
- f) Wound class cannot be used for PATOS determination.
- g) Trauma resulting in a contaminated case does not necessarily meet the PATOS requirement. For example, a fresh gunshot wound to the abdomen may be a trauma with a high wound class but there would not be time for infection to develop.

Examples of PATOS application:

1. Patient admitted with an acute abdomen. Sent to OR for an XLAP where there is a finding of an abscess due to ruptured appendix and an APPY is performed. Patient returns two weeks later and meets criteria for an organ/space IAB SSI. The PATOS field would be selected as YES on the SSI event since an abscess was noted at the time of surgery in the same level as the subsequent SSI.
2. Patient is admitted with a ruptured diverticulum. In the OR note the surgeon documents that there are multiple abscesses in the intraabdominal cavity. Patient returns three weeks later and meets criteria for a superficial SSI. The PATOS field would be selected as NO since there was no documentation of evidence of infection of the superficial tissues at the time of the surgery.
3. During an unplanned cesarean section (CSEC) the surgeon nicks the bowel and there is contamination of the intraabdominal cavity. One week later the patient returns and meets criteria for an organ/space OREP SSI. The PATOS field would be selected as NO since there was no documentation of evidence of infection at the time of the CSEC. The colon nick was a complication but there was no infection present at the time of surgery.
4. Patient undergoes a foot amputation (AMP) due to “dry-gangrene” of the foot from chronic ischemia. There is no evidence of infection at the time of surgery. The word gangrene is not sufficient to qualify for infection. The patient returns two weeks later and meets criteria for a deep incisional SSI. The PATOS field would be selected as NO since there was no documentation of evidence of infection at the time of the AMP.

Note: For more information about PATOS, see Quick Learn titled “[Surgical Site Infections \(SSI\) Event Form for PATOS](#)”