

APIC Surveillance SIG Surveillance Questions July 2019

In the following scenario what type of HAI criteria are met.

12/30 To OR for the following procedures:

0DB80ZZ Excision of small intestine open approach
0DBE0ZZ Excision of large intestine open approach
0WPF0JZ Removal of synthetic substitute from abd wall
0WQF0ZZ Repair abdominal wall open approach
0DNE0ZZ Repair abdominal wall open approach
0DNE0ZZ Release large intestine open approach
0DN80ZZ Release small intestine open approach
0DNU0ZZ Release omentum open approach

12/31 nurse notes: nausea

1/1 progress note: nausea comes and goes. abdomen: tenderness consistent with surgery

1/2 progress note: pain improved

1/3 progress note: patient not taking deep breaths due to abd pain. abd tender to palpation on all quadrants. mild nausea

1/4 progress note: feels "better" today, very mild abd pain

1/5 progress note: abd pain got worse last night, still has nausea

1/6 progress note: still has nausea and abd pain

1/6 CT:

INDICATION: Subsequent encounter for intra-abdominal abscess after ventral hernia repair and small bowel resection.

IMPRESSION: Intra-abdominal fluid collection with rim enhancement along the right abdominal wall and tracks within the right paracolic gutter to the pelvic brim, most characteristic of abscess.

1/7 op report:

The procedure began by removing the staples at the midline, which was showing some fluid coming out of the skin approximation. Once inside the subcutaneous tissue, there was fat necrosis, as well as infected tissue and purulent-type drainage. The entire midline was then opened, exposing the fascia, which had a lot of necrosis and ischemic areas, as well as complete dehiscence of the midline, exposing the peritoneal cavity. This was all suspected to be a prefascial abscess in the subcutaneous tissue that likely caused the dehiscence. Attention turned to the peritoneal abscess, which was in the perihepatic region. Easy palpation up into the right upper quadrant, felt the capsule, and once popping the capsule, had a lot of fluid and murky-type fluid came out of the abscess cavity. This was then cultured.

1/7 Peritoneal abscess culture: Klebsiella pneumoniae, Staphylococcus aureus, Staphylococcus epidermidis

Does the patient have an SSI?

If this is an SSI, what procedure would this be attributed to?

If this is an SSI, what is the deepest criteria met (superficial, deep, organ/space):

List all NHSN criteria met at this deepest level (example SIP b, DIP a, or organ/space a and PJI 1):

What is the Date of Event (DOE)?