

# JHH Infection Control Cardiac Surgery Surveillance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Hx NO: \_\_\_\_\_

Sex: M F Age(years): \_\_\_\_\_ Adm Date: \_\_\_\_\_

Disch Date: \_\_\_\_\_ Culture Date: \_\_\_\_\_ SSI Site: \_\_\_\_\_

## Sternum:

## SVG:

Organism1: \_\_\_\_\_ Sensitivity1: \_\_\_\_\_ Organism1: \_\_\_\_\_ Sensitivity1: \_\_\_\_\_

Organism2: \_\_\_\_\_ Sensitivity2: \_\_\_\_\_ Organism2: \_\_\_\_\_ Sensitivity2: \_\_\_\_\_

Organism3: \_\_\_\_\_ Sensitivity3: \_\_\_\_\_ Organism3: \_\_\_\_\_ Sensitivity3: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Sternum Depth: \_\_\_\_\_ SVG Depth: \_\_\_\_\_

Surgery: \_\_\_\_\_ Valve: Y N SVG: Y N IMA: Y N Redo: Y N

Surgeon: \_\_\_\_\_ Assist1: \_\_\_\_\_ Assist2: \_\_\_\_\_

PA1: \_\_\_\_\_ PA2: \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_

ORRM: \_\_\_\_\_ ASA: 1 2 3 4 5 E Weight(kg): \_\_\_\_\_

OP Begin: \_\_\_\_\_ OP End: \_\_\_\_\_ Incision Time (minutes): \_\_\_\_\_

Shave/Clip/None: \_\_\_\_\_ ShaveSite: \_\_\_\_\_ Bypass Time(minutes): \_\_\_\_\_

## Antibiotics:

ABX1: \_\_\_\_\_ Time1: \_\_\_\_\_ AMT(g): \_\_\_\_\_

ABX2: \_\_\_\_\_ Time2: \_\_\_\_\_ AMT(g): \_\_\_\_\_

Diabetes: Y N Insulin: Y N Smoker: Y N