



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
HSAAS/IPC/BR37

WOUND SURVEILLANCE FORM

UPM NO : _____
NAME : _____
GENDER: _____
AGE : _____

WARD : _____
DOA : _____
BED : _____
UNDERLYING DISEASE
: _____
1) _____
2) _____
3) _____

OT ROOM : _____

DIAGNOSIS : _____
TYPE OF
OPERATION
(CODE) : _____

OT TYPE : EMERGENCY/ ELECTIVE

WOUND
CLASS : _____
ASA : 1 2 3 4 5 E

SURGEON : _____

OT TEAM : 1) _____
2) _____

3) _____
4) _____

DATE OF OPERATION : _____

OT DURATION: _____

PROPHYLAXIS : PRE OP: IV / ORAL / TOPICAL

ANTIBIOTICS: 1) _____
2) _____

3) _____
4) _____

ANTIBIOTIC INTRA-OP: Y / N

ANTIBIOTICS: 1) _____
2) _____

3) _____
4) _____

ANTIBIOTIC POST-OP : Y / N

ANTIBIOTICS: 1) _____
2) _____

3) _____
4) _____

TYPE OF SSI : SUPERFICIAL INCISIONAL ()
DEEP INCISIONAL ()
ORGAN / SPACE ()

DATE DIAGNOSED : _____

SAMPLE TAKEN : _____

ORGANISM : 1) _____
2) _____

AST : _____
AST : _____

Name of Ward Manager / Ward Staff:

Infection Control Medical Officer: