Eingabeformular für die Erfassung von postoperativen Wundinfektionen Version vom 01.10.2023

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| **Registrierung des Patienten und Angaben zur Aufnahme Ab 01.10.2023** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Nur für die interne Verwendung innerhalb des Spitals:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Geburtsdatum (tt/mm/jjjj) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Geschlecht | | | | | | | | | | | | | | | | | Mann | | | | | | | | | | | | | | | | | | | | | | Frau | | | | | | | | | | | | | | | |  | | | |
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| **Operationsdaten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Datum der Operation | | | | | | | /    / | | | | | | | | | | | | | | | | | | | ASA-Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Haupteingriff | | |  | | | | | | **Falls 6** oder **281**, Kolorektal Malignom? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ja | | | | | | | | | nein | | | | | | | | | | | | | | | | | unbekannt | | | | | | | | | | | | | | | |  | | | | |
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| **Falls 260,** Inzisionsart**:** **(nur eine Antwort möglich)** | | | | | | | | | | | | | | | | | | | | | | | Nur Scarpa | | | | | | | | | | | |  | | | Scarpa **+** andere Inzision(en) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
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| Sekundäreingriff | | | | |  | | | | | | | Dritteingriff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Geplante Operation | | | | | ja | | | | | | | | | nein | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Implantat / Gefässersatz | | | | | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | | Falls ja, Implantat-/Gefässersatz-Typ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
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| Endoskopischer, laparoskopisch assistierter oder Roboter-assistierter Eingriff oder minimal invasiver oder transvaginaler/transanaler Eingriff | | | | | | | | | | | | | | | | | | | | | | ja | | | | | | | | nein | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginn als -skopie, Forts.als -tomie / konventioneller Zugang | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| transvaginaler Eingriff (vNOTES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | transanaler Eingriff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| Kontaminationsgrad | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uhrzeit des Beginns des Eingriffes | | | | | | | | | | | | | | | | | | | | | | Std. | | | | | | | | | | | Min. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Uhrzeit des Endes des Eingriffes | | | | | | | | | | | | | | | | | | | | | | Std. | | | | | | | | | | | Min. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **i.v.** Verabreichung von Antibiotika (24 Std. vor der Inzision → Operationsende) | | | | | | | | | | | | | | | | | | | | | | | | | | | | keine | | | | | | | | |  | | | 1 | | | | | | | |  | | | | | 2 | | | | | | |  | | | | | | | | 3 | | | | | | | | | | |  | | | >3 | | | | | | | | | | | |  | | | |
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| Art des Antibiotikums 1 | | | | | | | | | |  | | | | | | | | Datum /Uhrzeit der Gabe 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | /    / | | | | | | | | | | | | | | | | | | | |  | | | | | | Std. | | | | | | | | | | | | | | | Min. | | | | | | | | |  | | |
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| → **Falls** ATB1=30, 36, 51, 81, 102: **verabreichte Dosis in mg** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mg | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| → **Falls** ATB1=20, 30, 36, 60, 81,102,103: **2. Dosis perioperativ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ja | | | | | | nein | | | | | | | | | | |  | | | | | | | Std. | | | | | | | | | | | | | | | Min. | | | | | | | | |  |
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| → **Falls** ATB1= 20: Dosis der **2. Gabe in mg** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mg | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Art des Antibiotikums 2 | | | | | | | | | | |  | | | | | | | | Uhrzeit der Gabe 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Std. | | | | | | | | | | | | Min. | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Art des Antibiotikums 3 | | | | | | | | | | |  | | | | | | | | Uhrzeit der Gabe 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Std. | | | | | | | | | | | | Min. | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Nierenfunktion: Kreatinin-Clearance (GFR ml/min) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | > 50 | | | | | | | | | | 20-50 | | | | | | | | | | | | | | < 20 | | | | | | | | | | | | | | | | nicht gemessen | | | | | | | | | | | | | | | | | | | | | | |  |
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| Grösse, Gewicht: **fakultative** Daten ausser bei Herzchirurgie (**BMI**) und für das Monitoring der gewichtsabhängigen Antibiotikaprophylaxe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grösse (cm) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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| Gewicht (kg) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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| **Austritt und Follow-up-Daten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Datum der Entlassung | | | | | | /    / | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Destination | | | Domizil oder Pflegeheim | | | | | | | | | anderes Akutspital | | | | | | | | | | | | | | |  | | | | | | |  |
| Reha-Klinik | | | | | | | | | Patient verstorben | | | | | | | | | | andere : | | | | | | | | | | | |  |
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| Interview-Datum **oder** der klinischen Nachuntersuchung (Follow-up) | | | | | | | | /    / | | | | | | | |  | Follow-up-Dauer | | | | 30 Tage | | | | | | | | | | 90 Tage | | |  | |
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| Status des Interviews **oder** der klinischen Nachuntersuchung (Follow-up) | | | | | | | Interview oder klinische Nachuntersuchung durchgeführt | | | | | | | | | | | | | | | | | | | Patient aus den Augen verloren | | | | | | |  | |
| Interview verweigert oder nicht durchführbar | | | | | | | | | | | | | | | | | | | Patient verstorben | | | | | | |  | |
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| Exitus letalis | | während der Hosp. | | | | | | | nach der Entlassung | | | | | | | | | | Todesdatum | | | | | | | | | /    / | | | | | |  |
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| Erneute OP wg. **nicht** infektiöser Komplikationen oder **Second Look** innert 1 Monat/90 Tage | | | | | | | | | | | | | ja, **ungeplant** | | | | | | | | | | | | | | | | nein | | | | |  |
| ja, geplant **(Second Look)** | | | | | | | | | | | | | | | | unbekannt | | | | |
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| Falls ja, Datum der Reoperation | | | | | | | | | | | | | | | | | | | | | | | /    / | | | | | | | | | | |  |
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| Infektion | **nein**, **mit** Follow-up | | | | | | | | | **nein**, **ohne** Follow-up | | | | | | | | | | | | | |  | **ja** | | | | | | | ***weiter*** | | |
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| **Daten zur Infektion (sofern vorhanden)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Art der Wundinfektion der Haupt-OP-Stelle | | | | | | | | | oberflächliche Infektion der Inzision | | | | | | | | | | | | | | |  |
| tiefe Infektion der Inzision | | | | | | | | | | | | | | |  |
| Infektion von Organen und/oder Hohlraum | | | | | | | | | | | | | | |  |
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| Infektion der sekundären OP-Stelle (Herz- und Gefässchirurgie) | | | | | | | | | | | | | | | | | | ja | | | | | nein |  |
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| Art der postoperativen Wundinfektion der sekundären OP-Stelle | | | | | | | | | oberflächliche Infektion der Inzision | | | | | | | | | | | | | | |  |
| tiefe Infektion der Inzision | | | | | | | | | | | | | | |  |
| Infektion von Organen und/oder Hohlraum | | | | | | | | | | | | | | |  |
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| Datum der Diagnose (tt/mm/jjjj) | | | | | | | | | /    / | | | | | | | | | |  | | | | | |
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| Diagnosekriterien | | | **B1**  ja  nein | | | | | | | **B2**  ja  nein | | | | | | **B3**  ja  nein | | | | | | **C**  ja  nein | |  |
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| Diagnose nach Austritt | | | ja | | | | nein | | | |  | | | | | | | | | | | | | |
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| Mikrobiologische Kultur oder PCR | | keine Kultur o. PCR angelegt | | | | | | | | | | | | Kultur/PCR angelegt und steril bzw. negativ | | | | | | | | | |  | |
| Kultur/PCR positiv | | | | | | | | | | | | unbekannt | | | | | | | | | |  | |
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| Keim 1 |  | | | Keim 2 | | | | | | |  | | | | | | Keim 3 | | |  | | | |  |
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| Erneute Hospitalis. wg. Infektion | | | | | | ja | | nein | | | | | **Falls ja:** | | gleiches Spital | | | | | | anderes Spital | | |  |
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| Erneuter Eingriff wegen Infektion | | | | | | nein | | | |  | | percutane Drainage (Drain oder Punktion) | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | Entfernen von Nähten oder Klammern | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | neue Operation | | | | | | | | | | | |  |
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