Formulaire de saisie pour la surveillance des infections du site chirurgical

Version du 01.10.2023

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| **Enregistrement du patient et données d’admission A partir du 01.10.2023** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numéro de CRF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | PID | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Seulement pour une utilisation interne à l’hôpital :* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Nom* |  | | | | | | | | | | | | | | | | | | | | | |  | | *Prénom* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *Téléphone* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | *Email* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Date de naissance (jj/mm/aaaa) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Sexe | | | | | | | | | | | | | | | | | | Homme | | | | | | | | | | Femme | | | | | | | | | | |  | |
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| Date d’admission (jj/mm/aaaa) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **Données de l’opération** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date de l’opération | | | | | /    / | | | | | | | | | | | | | | | | Score ASA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
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| Intervention principale | | | | | | | |  | | | | | | | **Si 6** ou **281**, cancer colorectal? | | | | | | | | | | | | | | | | | | | | | | | | | | | oui | | | | | | | | | non | | | | | | | | inconnu | | | | | | | | | |  |
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| **Si 260**,type d’incisions : (**1 seule réponse possible**) | | | | | | | | | | | | | | | | | | | | Scarpa **seul** | | | | | | | | | | |  | | | Scarpa **+** autre(s) incision(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | Autre(s) incision(s) **sans** Scarpa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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| Seconde procédure | | | | | | |  | | | | | Troisième procédure | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Opération planifiée | | | | | | | oui | | | | | | non | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Implant / substitut vasculaire | | | | | | | | | | oui | | | | | | | | | non | | | | | | | Si oui, type d’implant/ substitut vasc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
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| Intervention par scopie ou assistée par laparoscopie ou par robot ou minimal invasif / abord transvaginal / transanal | | | | | | | | | | | | | | | | | oui | | | | | | | | | | | non | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| début en scopie puis poursuite en tomie/abord conventionnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| abord transvaginal (vNOTES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | abord transanal | | | | | | | | | | | | | | | | | |  |
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| Classe de contamination | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heure du début de l’intervention | | | | | | | | | | | | | | | | | | hh | | | | | | | | | min | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Heure de fin d’intervention | | | | | | | | | | | | | | | | | | hh | | | | | | | | | min | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Administration d’antibiotique i/v (24 h. avant l’incision → fin de l’opération) | | | | | | | | | | | | | | | | | | | | | | | | aucun | | | | | | | | |  | | 1 | | | | |  | | | 2 | | | | | | |  | | 3 | | | | | |  | | | >3 | | | | |  | | | |
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| Type d’antibiotique 1 | | | | | |  | | | | | Date /heure d’administration 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | /    / | | | | | | | | | | | | |  | | hh | | | | | | | | min | | | | | | |  |
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| → **Si** ATB1= 30, 36, 51, 81, 102: **dose administrée en mg** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mg | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| → **Si** ATB1= 20, 30, 36, 60,81,102,103: **admin. 2e dose per/op** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | oui | | | | | | | non | | | | | |  | | | hh | | | | | | | min | | | | | | |  |
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| → **Si** ATB1= 20 : **2e dose administrée en mg** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mg | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Type d’antibiotique 2 | | | | | |  | | | | | | Heure d’administration 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | hh | | | | | | | | | | min | | | | | | | | | | | |  | | | | | |
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| Type d’antibiotique 3 | | | | | |  | | | | | | Heure d’administration 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | hh | | | | | | | | | | min | | | | | | | | | | | |  | | | | | |
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| Fonction rénale: Créatine-Clearance (GFR ml/min) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | > 50 | | | | | | | | 20-50 | | | | | | | | | | < 20 | | | | | | | | non mesuré | | | | | | | | | | | |  | |
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| Taille, poids: données **facultatives** sauf pour la chirurgie cardiaque (**BMI**) et le monitoring de l’antibioprophylaxie adaptée au poids | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Taille (cm) | | | | | | | | | | |  | | | | | | | | |  |
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| Poids (kg) | | | | | | | | | | |  | | | | | | | | |  |
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| **Sortie et Données du suivi (Follow-up)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date de sortie | | /    / | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Destination | | domicile ou EMS | | | | | | | | autre hôpital de soins aigus | | | | | | | | | | | | | | | | | | |  |
| centre de réadaptation | | | | | | | | patient décédé | | | | | | | | autre : | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de l’interview **ou** du suivi clinique (follow-up) | | | | | | | /    / | | | | |  | Durée du suivi | | | | | | 30 jours | | | | | | | 90 jours | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Statut de l’interview **ou** du suivi clinique (follow-up) | | | | | | interview ou suivi clinique effectué | | | | | | | | | | | | | | | | patient perdu de vue | | | | | | |  |
| patient refuse l’interview ou ne peut pas répondre | | | | | | | | | | | | | | | | patient décédé | | | | | | |  |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |
| Statut du décès | | | durant l’hospitalisation | | | | | | | après la sortie | | | | | |  | Date du décès | | | | | | | | /    / | | | |  |
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| Réopération pour des complications **non infectieuses ou pour un second look** dans les 30 jours/90 jours | | | | | | | | | | | | | | oui, **non** planifiée | | | | | | | | | | | | | non | |  |
| oui, planifiée (**second look)** | | | | | | | | | | | | | inconnu | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |  |
| Si oui, date de la réopération | | | | | | | | | | | | | | | | | | | | | | | /    / | | | | | |  |
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| Infection | **non**, **avec** suivi complété | | | | | | | | **non**, **sans** suivi complété | | | | | | | | | | | |  | | | **oui** | | | | ***continuer*** | |
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| **Données sur l’infection (si présente)** | | | | | | | | | | | | | | | | | | | | | |
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| Type d’infection du site chirurgical principal | | | | | | | | infection incisionnelle superficielle | | | | | | | | | | | |  | |
| infection incisionnelle profonde | | | | | | | | | | | |  | |
| infection d’organe et/ou d’espace | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Infection du site secondaire (chirurgie cardiaque et vasculaire) | | | | | | | | | | | | | | | | oui | | non | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Type d’infection du site chirurgical secondaire | | | | | | | | infection incisionnelle superficielle | | | | | | | | | | | |  | |
| infection incisionnelle profonde | | | | | | | | | | | |  | |
| infection d’organe et/ou d’espace | | | | | | | | | | | |  | |
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| Date de diagnostic (jj /mm/aaaa) | | | | | | | | /    / | | | | | | |  | | | | | | |
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| Critères de diagnostic | | **B1**  oui  non | | | | | | **B2**  oui  non | | | | | **B3**  oui  non | | | | **C**  oui  non | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic post-sortie | | oui | | non | | |  | | | | | | | | | | | | | | |
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| Culture microbiologique ou PCR | | pas de culture ou PCR faite | | | | | | | | | | culture faite et stérile ou PCR négative | | | | | | | | |  |
| culture ou PCR positive | | | | | | | | | | inconnu | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Micro-organisme 1 |  | | Micro-organisme 2 | | | | | | | |  | | Micro-organisme 3 | | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Réhospitalisation due à l’infection | | | | | oui | | | non | | | **Si oui:** | | | même hôpital | | | autre hôpital | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Réintervention motivée par l’infection | | | | | | non | | |  | drainage percutané (drain ou ponction) | | | | | | | | | |  | |
|  | | | | |  | | | | | ablation de points ou d’agrafes | | | | | | | | | |  | |
|  | | | | |  | | | | | nouvelle opération | | | | | | | | | |  | |
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