Outpatient visit (7-10 days post-op) – scoring form

Date: ___________________  Physician: __________________________

  Specialized nurse: __________________________

Dressing change: YES / NO (circle); if yes, after how many days: __________

CDC-criteria

1. Purulent drainage from incision

2. Cultured

   Positive result (to fill out later)

3. Symptoms

   Pain or tenderness

   Lokalized swelling

   Erythema

   Heat

   Fever (>38°C)

4. Deliberately opening of wound by surgeon

5. Spontaneous wound dehiscence

6. Clinical signs of abscess/mastitis

Diagnosis of SSI by surgeon or attending physician (circle): JA / NEE

In case of SSI (suspicion):

   superficial / deep (circle)

Start antibiotics (circle):

   YES / NO

   If yes, specify: __________________________; duration _______ days

Patient satisfaction: please rate the wound dressing (circle)

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