

# Southern Counties Veterinary Specialists Surgical Site Infection Report Card



Veterinary Surgeon	
Practice	
Patient Name	
Procedure at SCVS	
Date Infection Noted	
Site of SSI (please tick)	<input type="checkbox"/> superficial incisional layer
	<input type="checkbox"/> deep incisional layer
	<input type="checkbox"/> organ
	<input type="checkbox"/> body cavity
Method of diagnosis	<input type="checkbox"/> pain/ swelling/ erythema
	<input type="checkbox"/> purulent discharge/ abscess
	<input type="checkbox"/> culture of microorganisms (please attach results of culture and sensitivity)
Treatment	

Please fax to 01425 480849  
 FAO Katie Foley DipAVN (Small Animal) Dip HE CVN, RVN  
 Senior Surgical Nurse, Infection Control Coordinator  
 Thanks