Title: Incidence and predictors of surgical site infection following caesarian section

| Patie | Patient's MRN | | | | | |
|----------|---|--|-------------------|--|--|--|
| No | Variable | Coding categories | Remark | | | |
| 101 | Patients ID Number | | | | | |
| 102 | Age in year | | | | | |
| 104 | Residence | 1. Urban 2. Rural | | | | |
| 105 | Religion | Orthodox 2. Muslim 4. Protestant 4. Catholic Other (please specify) | | | | |
| 106 | Occupation | House wife 2. Merchant 3. Employee 4. Student Other specify | | | | |
| 107 | Education | Not educated Able to read and write 3. Primary Secondary Tertiary and above | | | | |
| 108 | Antenatal check up | 1. Yes 2. No | If no skip to 112 | | | |
| 109 | Place of ANC follow up | 1. DMRH 2. Outside | | | | |
| 110 | If outside where? Specify | | | | | |
| 111 | Number of prenatal care visits | | | | | |
| 112 | Previous CS | 1. Yes 2. No | If no skip to 114 | | | |
| 113 | If yes for Question no.112 number of prior CS | | | | | |
| 114 | Parity | | | | | |
| 115 | Pre-surgery hospital stay | | | | | |
| 116 | Onset of labor | 1. Spontaneous 2. Induced 3. No labor | | | | |
| | on II :Comorbidities (Medical history) | | | | | |
| No | Variable | Coding categories | Remark | | | |
| 201 | Hypertension (any type) | 1. Yes 2. No | | | | |
| 202 | Diabetes mellitus | 1. Yes 2. No | | | | |
| 203 | Renal disease | 1. Yes 2. No | | | | |
| 204 | Bronchial asthma | 1. Yes 2. No | | | | |
| 205 | Thyroid dysfunctions | 1. Yes 2. No | | | | |
| 206 | HIV | 1. Positive 2. Negative 3. Unknown | | | | |
| 207 | Hepatitis B | 1. Yes 2. No 3. Unknown | | | | |
| 208 | Arthritis | 1. Yes 2. No | | | | |
| 209 | systemic steroid use | 1. Yes 2. No | | | | |
| 210 | Anemia | 1. Yes 2. No | | | | |
| | on III: Operational related variables | ~ | | | | |
| No | Variable 11/ | Coding categories | Remark | | | |
| 300 | Date of admission dd/mm/yy | | | | | |
| 301 | Rapture of membrane before CS | 1. Yes 2. No | | | | |
| 302 | If rupture duration of ROM in hrs. | | In hour | | | |
| 303 | Per virginal examination | 1. Not done 2. Done (how many) specify | | | | |
| <u> </u> | | | 1 | | | |

| 304 | Preoperative blood transfusion | 1. Yes 2. No | | | | |
|-----|--|--|--------------|--|--|--|
| 305 | Date of CS done dd/mm/yy | | | | | |
| 306 | Start time of CS hr/mm/second | | | | | |
| 307 | End time of CS hr/mm/second | | | | | |
| 308 | Duration of procedure | | In minute | | | |
| 309 | Types of CS | 1. Elective 2. Emergency | III IIIIIate | | | |
| | • | Z , | | | | |
| 310 | Types of incision | 1. Horizontal 2. Vertical | | | | |
| 311 | Surgical wound class | 1. Clean 2. Clean contaminated | | | | |
| 212 | Towns of alice autories | 2. Contaminated 3. Dirty/infected | | | | |
| 312 | Types of skin suturing | Interrupted Subcuticular | | | | |
| 313 | Number of people in theatre | 2. Subcuticulai | | | | |
| 314 | Estimated of blood loss | ml | | | | |
| 315 | Maternal weight | kg | | | | |
| | | | | | | |
| 316 | Anesthetic techniques | 1. General 2, Epidural 3. Spinal | | | | |
| 317 | Indication for CS | 1. Fetal distress 2. Previous CS 3. Breech presentation | | | | |
| | | 4 Poor progress 5. Placenta Previa type 3 6 Severe macrosomia 7 Twin babies | | | | |
| | | 6 Severe macrosomia 7 Twin babies 8 Sever preeclampsia 9 Other(Specify) | | | | |
| 319 | Gestational age | wks | In week | | | |
| 320 | Hemoglobin previous to cesarean | g/dL | 111 11 0011 | | | |
| 321 | Hemoglobin after CS (g/dL) | g/dL | | | | |
| 320 | Leukocyte count previous to | cells/μL | | | | |
| 320 | cesarean (cells/µL) | cons/ µ2 | | | | |
| 321 | Indwelling urethral catheter | 1. Yes 2. No | | | | |
| 322 | Soap and water bath before surgery | 1. Yes 2. No | | | | |
| 324 | Blood transfusion | 1. No transfusion 2. Transfused units | | | | |
| 325 | Pre-operative waiting period | days | | | | |
| 326 | Prophylactic antibiotic | 1. Yes 2. No | | | | |
| 327 | Procedure performed by | 1. Gynecologist 2. Emergency surgeon | | | | |
| | | 3 Junior surgeon 4. Other (Specify) | | | | |
| 329 | Child alive | 1. Yes 2. No | | | | |
| 330 | Sign of inflammation | 1. No sign of inflammation | | | | |
| | 1. At first visit | 2. Induration | | | | |
| | 2. Second visit | 3. Local site of fever | | | | |
| | Third visit Forth visit | 4. Erythema | | | | |
| | 4. Forth visit | 5. Purulent discharge | | | | |
| | | 6. localized swelling7. dehiscence, overlying skin changes | | | | |
| | | 8. wound deliberately opened by the surgeon for drainage | | | | |
| | | 9. Local site of fever | | | | |
| 331 | Date of any sign observed dd/mm/yy | | | | | |
| 332 | Date of discharge dd/mm/yy | | | | | |
| 4 | Regarding surgical antimicrobial prophylaxis used, | | | | | |
| • | 0 0 0 1 1 V ··· ········) | | | | | |

| 400 | place at which antimicrobials were | 1. Ward 2. Operation room 3. Both | |
|-----|--------------------------------------|-----------------------------------|--|
| | administered | | |
| 401 | generic name of antimicrobials | 1 | |
| | | 2 | |
| | | 3 | |
| | | 4 | |
| | | 5 | |
| 402 | Time of first dose administration | | |
| 403 | Route of administration | | |
| 404 | Time of intra-operative dose | | |
| | administration | | |
| 405 | time of postoperative dose given and | | |
| | duration of administration | | |

Sign of inflammation at least one of the following at surgical site: Induration, Local site of fever, Erythema, Purulent discharge, Organisms isolated from fluid, localized swelling, dehiscence, overlying skin changes, wound deliberately opened by the surgeon for drainage, Surgeon declares that the wound is infected

| Address | 1 | 2 | 3 |
|---------------------|---|---|---|
| | | | |
| | | | |
| Date of appointment | | | |
| for phone call | | | |
| | | | |