



**SWHSI-2 Supplementary Page for Infection
CDC Assessment**



Please continue to record any infection episodes (in addition to those recorded in the Post Healing Assessment CRF).

THIS SECTION MUST NOT BE COMPLETED FOR INFECTIONS PREVIOUSLY REPORTED IN THE POST HEALING ASSESSMENT CRF.

Site ID: Participant ID:

Infection Start Date: / / Exact Approx
dd mm yyyy

- Abscess or other evidence of infection detected on gross anatomical or hisopathologic exam or imaging test
- Aspirated fluid/swab of surgical site yields organisms and pus cells are present
- Clinician's diagnosis
- Fever (temperature 38°C or more)
- Heat
- Incision spontaneously dehiscd or was opened by healthcare professional
- Localised pain and tenderness
- Localised swelling
- Purulent drainage
- Redness

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Signature of person completing page:

Date (dd/mm/yyyy):
 / /

Assessor ID: