



## CIPHUR SE

 Online Designer ▾

 Create snapshot of instruments

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This page allows you to build and customize your data collection instruments one field at a time. You may add new fields or edit existing ones. New fields may be added by clicking the **Add Field** buttons. You can begin editing an existing field by clicking on the  **Edit** icon. If you decide that you do not want to keep a field, you can simply delete it by clicking on the  **Delete** icon. To reorder the fields, simply **drag and drop** a field to a different position within the form below. NOTE: While in development status, all field changes will take effect immediately in real time. **Are you using Action Tags yet? If not, [learn about Action Tags here](#).**

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Current instrument: **CIPHUR Service Evaluation**
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NOTE: Please be aware that branching logic and calculated fields will not function on this page. They only work on the survey pages and data entry forms.

Record ID

Welcome to the **CIPHUR Prospective Service Evaluation**This study aims to evaluate the **preoperative skin antiseptics** in upper limb surgery and the risk of **surgical site infection**.

Inclusion criteria:

\* **Any surgery on the upper limb** (anywhere below the shoulder joint), elective or emergency on adults or children.

Exclusion criteria:

\* **Active infection** at the time of surgery anywhere in the body**Which hospital was this case managed within?**

\* must provide value

 ▾
**Patient factors****Age (years)**

\* must provide value

**Sex**

\* must provide value

 Male  Female

reset

 None

 Type 1 DM

 Type 2 DM

 Current smoker

 Immunosuppression

 Peripheral vascular disease

 Other
**Risk factors for infection (check all that apply)**

\* must provide value

**Describe other risk factors (if applicable)**

**Clinical condition****Urgency of surgery**

\* must provide value

 Elective  Urgent / emergency

reset

 Clean (elective surgery, no pus/inflammation)

 Contaminated (fresh traumatic wound or elective surgery with non-purulent inflammation)

 Dirty (old traumatic wound +/- devitalised tissue)

 No or not applicable

 Yes with tap water

 Yes with sterile water/saline

 Yes with povidone-iodine

 Yes with chlorhexidine gluconate
**Wound toilet/washout at initial assessment (check all that apply)?**

\* must provide value

**Preoperative antibiotics?**
 No  Yes

reset

Please detail the **name, dose & route** of preoperative antibiotic(s)
**Surgery performed****Date and time of surgery**

\* must provide value

   D-M-Y H:M

Date & time of injury (leave blank if not applicable)

Calendar icon, 31, Now, D-M-Y H:M  
dd/mm/yyyy and 24 hour clock

Grade of the **most senior** operating surgeon  
*\* must provide value*

- Foundation doctor
- Core trainee of equivalent
- Specialty trainee 3-5 or equivalent
- Specialty trainee 6-8+ or equivalent
- Consultant or Associate Specialist

reset

**Anaesthesia**  
*\* must provide value*

- Local +/- adrenaline
- Regional (eg. brachial plexus block)
- General +/- other modality

reset

**Antibiotics at induction of anaesthesia?**  
*\* must provide value*

- No
- Yes

reset

Please detail the **name, dose & route** of the antibiotic(s) used at induction  
*\* must provide value*

Text input field

Was a **tourniquet** used?  
*\* must provide value*

- No
- Yes

reset

**Regions operated on** (select all that apply)  
*\* must provide value*

- Digit(s)
- Palm/dorsum of hand
- Wrist
- Forearm
- Elbow
- Arm

How many digits were operated on in total?

Text input field

Was the case **unilateral or bilateral**?  
*\* must provide value*

- Unilateral
- Bilateral

reset

Before the formal skin prep, was the limb/hand pre-scrubbed in theatre (e.g. a 'social' wash over a bowl +/- nail brushing, etc)?

- No
- Yes

reset

Which antiseptic was used for preoperative skin prep?

*Please ensure you select the correct solvent (water or alcohol) and concentration*  
*\* must provide value*

Dropdown menu with up/down arrows

**Who applied the prep?**  
*\* must provide value*

- Scrub nurse
- Operating surgeon
- An assistant surgeon/doctor
- Other

reset

**How was the prep applied?**  
*\* must provide value*

- Single-use applicator stick
- Bottled solution decanted into a pot, applied using a sponge/swab held in an instrument
- Bottled solution decanted into a pot, applied using a handheld sponge/swab
- Other

reset

**Sutures used for closure of the skin**

- Absorbable
- Non-absorbable
- Combination

reset

**Operative time in minutes**

Text input field

**Postoperative antibiotics**  
*\* must provide value*

- No
- Yes

reset

Please detail the **name, dose & route** of the postoperative antibiotic(s)  
*\* must provide value*

Text input field

**Outcomes**

**Surgical site infection within 3 months?**

Defined as ANY medical or surgical treatment provided for either suspected or confirmed infection  
*\* must provide value*

- No
- Yes

reset

What date was surgical site infection diagnosed?

Calendar icon, 31, Today, D-M-Y

**What treatment was provided** (tick all that apply)?

- Revision surgery
- A course of oral antibiotics only
- Intravenous antibiotics only
- A course of Intravenous then oral antibiotics

[reset](#)

**Where was the patient treated for their surgical site infection?**

- Outpatient only
- Inpatient +/- outpatient

[reset](#)

**If microbiology cultures are available, what organism(s) were identified at the infected surgical site?**

**Adverse events related to skin antiseptic**

Were any **adverse events** attributable to the skin antiseptic?

\* must provide value

- None
- Cutaneous hypersensitivity reaction
- Alcohol ignition fire
- Chemical burn
- Other

**If there was an adverse event, please describe what happened**

**Additional information**

**Any other comments?**

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