



National Antimicrobial Targeted Point Prevalence Survey for Surgical Antibiotic Prophylaxis (2025 SAP tPPS)

Protocol v1.0-2025

Contents

Introduction to the 2025 SAP tPPS	2
2025 SAP tPPS documents	2
Instructions	2
1. Planning	2
1.1. Timing of the 2025 SAP tPPS	2
1.2. Governance, team management and training	2
2. Activities on the day(s) of the 2025 SAP tPPS	3
2.1. Selecting patients for the 2025 SAP tPPS	3
2.2. Detailed data collection for SAP patients	4
2.3. Data entry in the Data Entry Tool	5
2.4. Data submission to HSE AMRIC	6
Appendix 1	7
Appendix 2	8
Appendix 3	9
Appendix 4	11
Appendix 5	14

Introduction to the 2025 SAP tPPS

The primary aim of the National Antimicrobial Targeted Point Prevalence Survey for Surgical Antibiotic Prophylaxis (2025 SAP tPPS) is to support hospitals and pharmacy/AMS teams to drive quality improvement in surgical antibiotic prophylaxis. This was identified as a key recommendation in the National Antimicrobial PPS 2024. The following protocol will provide all the procedures required to conduct the 2025 SAP tPPS.

2025 SAP tPPS documents

All documents are available on the [PPS webpage on antibioticprescribing.ie](https://www.hse.ie/eng/health/antibioticprescribing/ppswebpage)

- National Antimicrobial Targeted Point Prevalence Survey for Surgical Antibiotic Prophylaxis (2025 SAP tPPS) – **Protocol** 2025 v1.0-2025
- **Patient Data Collection Form** Surgical Antibiotic Prophylaxis (v1.0).
- SAP tPPS **Surgical Ward Data Collection Form** (v1.0)
- **Data Entry Tool**: National Antimicrobial Targeted Point Prevalence Survey (tPPS) for Surgical Antibiotic Prophylaxis (v1.0-2025)

Instructions

1. Planning

This section will provide guidance on planning the 2025 SAP tPPS in the hospital. It is of most relevance to the local 2025 SAP tPPS lead at the hospital.

1.1. Timing of the 2025 SAP tPPS

- The **surveying/data collection period** for the 2025 SAP tPPS is **15th Sept 2025 to 10th Oct 2025**.
- Surveying of patients should be conducted on Tuesdays, Wednesdays, Thursdays or Fridays only. This will optimise the capture of patients on SAP.
- The 2025 SAP tPPS will be conducted on **surgical wards only**.
- As the focus of this data collection is on surgical wards, hospitals with no surgical wards can just complete the 2025 Route tPPS.
- **Inform key stakeholders and decide a suitable date** or dates on which to conduct the 2025 SAP tPPS within the data collection period. Key stakeholders could include, but are not limited to:
 - Pharmacy department
 - Surgical department
 - AMS team
 - Consultant microbiologists and infectious disease (ID) consultants
 - CNMs, ward clerks
- Any queries on the procedures in this protocol can be submitted to amricepitem@hse.ie. Please include "SAP2025TPPS" in the subject line.

1.2. Governance, team management and training

- **Apply for any local approval** to carry out the 2025 SAP tPPS in your hospital, if required.
- **Assemble a team of staff** (the SAP tPPS Team) who are willing to assist with data collection. The SAP tPPS Team should be headed by Team Lead and one or more data collectors. Data collectors can be representatives from the multidisciplinary team, including consultants, NCHDs, pharmacists, nurses, etc. There also may be opportunities for you to supervise students' involvement in this process.

- **Train the team in advance** of the 2025 SAP tPPS start date. All members of the SAP tPPS Team must fully understand the surveying and data collection processes explained in Section 2 Activities on the day(s) of the 2025 SAP tPPS
- **Print sufficient Patient Data Collection Forms and Ward Data Collection Forms**, as required.
- **Print copies of the Protocol** for each data collector or advise to **access via QR code** on the printed Patient Data Collection Form (separate PDF).

2. Activities on the day(s) of the 2025 SAP tPPS

This section provides guidance on the surveying and data collection activities. It is relevant to the entire SAP tPPS Team.

Data collection for the 2025 SAP tPPS should only be conducted **on surgical wards from 15th Sept 2025 to 10th Oct 2025** and only on Tuesdays, Wednesdays, Thursdays or Fridays.

2.1. Selecting patients for the 2025 SAP tPPS

This section describes how to select the total surgical ward patient group for the 2025 SAP tPPS.

- Print off a copy of the most accurate census for **all surgical wards** – to show all inpatients present at 8:00am on the day of the 2025 SAP tPPS. Code the census as agreed locally.
 - **Postnatal wards** in general hospitals should be classified as surgical wards for the purpose of the SAP tPPS.
 - ICU and HDU should not be included in the Route tPPS.
 - If possible, ward pharmacists should liaise with ward clerks on individual wards in relation to accuracy of census at 8:00am. This may not be updated until later in the day.
- **If the study is to be carried out over more than one day**, ensure individual wards / departments are completed in one day e.g. all St. Patrick's ward must be done over one day.
- **Count the number of patients in the surgical ward meeting the following selection criteria** and record this number along with the ward name on the Surgical Ward Data Collection Form (Appendix 1):

Include in tPPS ✓

- Adult and paediatric patients admitted to a surgical ward before or at 8:00am and not discharged from the ward at the time of the survey.
- Adult and paediatric patients on the 8:00am census but off the surgical ward at the time of the data collection (e.g. gone for x-ray).
- Adult and paediatric patients who are on the patient administration system for the surgical ward but at home for a few hours.

Exclude from tPPS ✗

- Patients admitted to the surgical ward after 8:00am
- Patients transferred out/discharged from the surgical ward after 8:00am and before the start of data collection.

- Count all patients on surgical wards, regardless of the admitting team.

Exceptions for maternity hospitals:

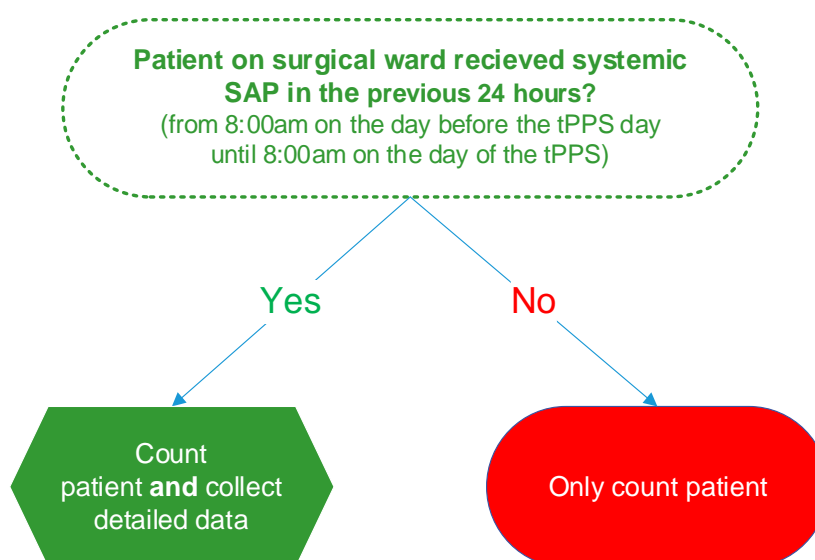
Modification of section 2.1: all inpatients present at 8.00am on the day of the SAP tPPS on **postnatal wards** to be surveyed.

Neonates should be excluded from the tPPS.

2.2. Detailed data collection for SAP patients

This section describes the selection and detailed data collection procedures for the subgroup of SAP patients from the total surgical ward patient group (see Section 2.1 for latter).

- **Survey all patients in the total surgical ward patient group** to ascertain which patients received systemic SAP in the previous 24 hours.
- Survey all patients on surgical wards, regardless of the admitting team. For example, patient admitted under nephrology admitted to a general surgical ward at the time of survey, patient to be included in the SAP tPPS. It is likely that not all patients on surgical wards will be admitted under a surgical team, but for purpose of the SAP tPPS all patients admitted to the surgical ward will be included.
- **Collect detailed data for adult and paediatric patients who have received systemic SAP in the previous 24 hours** (from 8:00am on the day before the tPPS day until 8:00am on the day of the tPPS).



- **For detailed SAP data collection, complete all sections of Patient Data Collection Form** (Appendix 2).
 - Detailed description of all data fields is provided in Appendix , Table 1.
 - Further information for Question 2c and 2d - Surgical Category and Operative Procedure is provided in Appendix 4, Table 2.
- **Check the theatre list from the previous day** to ensure all patients on surgical wards who received SAP in the previous 24 hours are captured.
- **Check the anaesthetic / operating notes** for any SAP administered in the previous 24 hours from 8:00am on the day before the PPS day until 8:00am on the day of the PPS. Single dose SAP may have been recorded on these documents if not recorded on the medication prescription chart.
 - Surgical ward CNMs will be able to advise on patients who are post-procedure and may have received prophylaxis in the previous 24 hours.
- If the patient has been on the antimicrobial since the start of the current drug chart **check previous drug charts** from this admission (if applicable) to see if the antimicrobial was started on a previous drug chart. The start date on a prescription is not necessarily a true start date.
- If you know a patient has previously been surveyed on a different ward, do not include the same patient twice. If the study is being carried out on multiple days by multiple data collectors, it may be helpful to annotate 'PPS' or tick on the kardex to highlight that the patient has already been included.
- **Do not record the details of antimicrobials that are not SAP.**

- For surgical patients still on antimicrobials from theatre to PPS date, it is important to clarify whether the antimicrobial prescription is for prophylaxis or treatment of infection. If necessary, seek surgical team, micro/ID input to confirm. This is to avoid the risk that treatment of infection in surgical patients could be miscoded as prolonged SAP.
- Do not complete detailed data collection if antimicrobial is prescribed for treatment of suspected or confirmed infection. Examples of antimicrobials prescribed around the time of surgery for confirmed/suspected infection that should be EXCLUDED from this data collection:
 - An antimicrobial prescribed for a patient awaiting theatre with a suspected infection, for example appendicitis
 - An antimicrobial prescribed for a patient with an infected prosthetic joint undergoing/ having undergone a staged revision
 - An antimicrobial prescribed for a patient where infection is suspected and culture results are awaited, for example patients with signs of septic arthritis
 - An antimicrobial prescribed for a patient with intraoperative findings that indicate infection, or intraoperative findings/ complications, such as intraabdominal perforation, that require longer duration of antimicrobials
- Ensure data collection is in accordance with your hospital's own **data protection policy** and [HSE Personal Data Protection Policy](#).

2.3. Data entry in the Data Entry Tool

- **Local SAP tPPS Lead is responsible for collation of data into the Data Entry Tool.** (Appendix 5). The Data Entry Tool requires Microsoft Excel.
- Complete the data entry sheets in the following order: 1. General details, 2. Department data, 3. Patient data.
- **General hospital data should be entered in the General Details sheet** in the Data Entry Tool.
- **Data from the Surgical Ward Data Collection Form should be entered in the Department Data sheet** in the Data Entry Tool.
- **Data from the Patient Data Collection Form should be entered in the Patient Data sheet** in the Data Entry Tool.
 - **Subject IDs must be unique for each patient.** It is advised to assign patients a unique sequential number or a letter to create a subject ID. This new ID is called the Subject ID, and it is vital that the Subject ID cannot be linked back to the MRN, therefore refrain from noting the two IDs side-by-side.
 - If a patient is receiving more than one antimicrobial for SAP, repeat the same Subject ID on every corresponding row.
 - Enter each antimicrobial on its own row in the Patient Data sheet of the Data Entry Tool.
- Data should be entered into the Data Entry Tool using the **drop-down list** where provided.
- Ensure that the Ward or Department name in the Department Data and Patient Data sheets are **exactly matching** between sheets.
- All data must be anonymised.
- **Ensure adequate data protection measures** have been employed whilst conducting the study and in storage / destruction of completed data collection forms and Excel file in line with your hospital's own data protection policy and with the [HSE Personal Data Protection Policy](#). It is important that data collection forms are retained for a sufficient time period for data validation purposes.
- Data should be entered into the Data Entry Tool **as soon as possible after recording the data** so that any discrepancies or missing data can be investigated promptly.

2.4. Data submission to HSE AMRIC

- **Data should be submitted to HSE AMRIC before Tuesday 14th October 2025.** Data submitted after this date will not be analysed.
- Sites are encouraged to submit their data as soon as complete to facilitate timely return of hospital level reports.
- **Please submit data to the email address amricepitem@hse.ie** and include “SAP2025TPPS” in the subject line of the email.
- HSE AMRIC will only accept anonymised data. Data submitted to HSE-AMRIC should not include any personally identifiable information. Do not submit data that contains patient name, patient number/medical record number (MRN), full date of birth (year only), gender, consultant or date of admission.
- Sites may agree locally to collect additional data fields in the “Comments” column of Appendix 5 of the Data Entry Tool. In the version of the Data Entry Tool that is sent to HSE AMRIC, **only include the data that is requested by the tool**. Data in the “Comments” column should be deleted before submission to HSE AMRIC. To avoid any risk of patient identification, do not include additional data or notes in the version of the Data Entry Tool that is submitted to HSE AMRIC.

Appendix 1

SAP tPPS Surgical Ward Data Collection Form

Date of survey	Ward/Department Name	Total number of patients in each surgical ward included in tPPS*	Data collected by

***Note:** the total number of patients in each ward includes all patients that meet selection criteria for the tPPS (See 2.1. Selecting patients for the 2025 SAP tPPS) and not just those who are receiving SAP. *Example: Surgical ward with 4 patients that had a procedure in the last 24 hours, one is receiving surgical antibiotic prophylaxis for 24 hours. The total number of patients in the surgical ward are 24. Total number of patients for this ward to include in the tPPS: 24.*

Appendix 2

Patient Data Collection Form: Surgical Antibiotic Prophylaxis tPPS (V1.0 – July 2025)

ONLY collect data for antimicrobials prescribed for Surgical Antibiotic Prophylaxis (SAP).

Do not complete detailed data collection if antimicrobial is prescribed for treatment of suspected or confirmed infection.

Examples of antimicrobials prescribed around the time of surgery for confirmed/ suspected infection that should be EXCLUDED from this data collection:

- An antimicrobial prescribed for a patient awaiting theatre with a suspected infection, e.g. appendicitis
- An antimicrobial prescribed for a patient with an infected prosthetic joint undergoing/ having undergone a staged revision
- An antimicrobial prescribed for a patient where infection is suspected and culture results are awaited, for example patients with signs of septic arthritis
- An antimicrobial prescribed for a patient with intraoperative findings that indicate infection, or intraoperative findings/ complications, such as intra-abdominal perforation, that require longer duration of antimicrobials.

QR

(1) SUBJECT DETAILS

1a. Subject ID: **1b. Surgical ward:** **1c. Year of birth:** Y Y Y Y

SAP Antimicrobial 1 **SAP Antimicrobial 2** **SAP Antimicrobial 3**

(2) SAP TREATMENT DETAILS	2a. Name of antimicrobial prescribed for SAP
	2b. Indication code	<input type="checkbox"/> SP1 <input type="checkbox"/> SP2 <input type="checkbox"/> SP3	<input type="checkbox"/> SP1 <input type="checkbox"/> SP2 <input type="checkbox"/> SP3	<input type="checkbox"/> SP1 <input type="checkbox"/> SP2 <input type="checkbox"/> SP3
	2c. Surgical category (see Appendix 4, Table 2)
	2d. Operative procedure (see Appendix 4, Table 2)	NHSN-..... <input type="checkbox"/> Other <input type="checkbox"/> Minimally invasive procedure	NHSN-..... <input type="checkbox"/> Other <input type="checkbox"/> Minimally invasive procedure	NHSN-..... <input type="checkbox"/> Other <input type="checkbox"/> Minimally invasive procedure
(3) SAP GUIDELINE COMPLIANCE	3a. Is SAP indicated for this procedure according to local guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No local guideline for this procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No local guideline for this procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No local guideline for this procedure
	3b. Was SAP duration extended beyond the recommended maximum duration (as in local guidelines or if there are no local guidelines refer to the HSE position statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3c. If "Yes" to question 3b, what was the reason for extending the antibiotics beyond the recommended duration?	<i>If "Yes" to 3b:</i> <input type="checkbox"/> Drain in place <input type="checkbox"/> No clear rationale <input type="checkbox"/> Not documented <input type="checkbox"/> Free text if not listed <i>If "No" to 3b:</i> <input type="checkbox"/> Not applicable	<i>If "Yes" to 3b:</i> <input type="checkbox"/> Drain in place <input type="checkbox"/> No clear rationale <input type="checkbox"/> Not documented <input type="checkbox"/> Free text if not listed <i>If "No" to 3b:</i> <input type="checkbox"/> Not applicable	<i>If "Yes" to 3b:</i> <input type="checkbox"/> Drain in place <input type="checkbox"/> No clear rationale <input type="checkbox"/> Not documented <input type="checkbox"/> Free text if not listed <i>If "No" to 3b:</i> <input type="checkbox"/> Not applicable
	3d. Did the patient receive the first line choice of antibiotic regimen recommended in the local antibiotic prescribing guidelines? (Note: This only refers to the antimicrobial agent choice.)	<input type="checkbox"/> Yes <input type="checkbox"/> No – antimicrobial resistance <input type="checkbox"/> No – penicillin allergy <input type="checkbox"/> No – adverse drug reaction <input type="checkbox"/> No – other <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No – antimicrobial resistance <input type="checkbox"/> No – penicillin allergy <input type="checkbox"/> No – adverse drug reaction <input type="checkbox"/> No – other <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No – antimicrobial resistance <input type="checkbox"/> No – penicillin allergy <input type="checkbox"/> No – adverse drug reaction <input type="checkbox"/> No – other <input type="checkbox"/> Not applicable

Appendix 3

Table 1: Detailed data collection fields

(1) Subject details	
1a.	Subject ID A numerical or text identifier unique to the patient and is assigned by the 2025 SAP tPPS team. To retain patient confidentiality, the Subject ID should <u>not</u> be a hospital identifier such as an MRN.
1b.	Surgical department or ward
1c.	Year of birth The year of birth is used rather than the full date of birth.
(2) SAP treatment details	
2a.	Name of antimicrobial prescribed for SAP When entering response into Excel, select from list or type in manually if not listed.
2b.	Indication code for antimicrobial therapy <ul style="list-style-type: none"> SP1: Surgical prophylaxis, single dose prescribed once only – single dose SP2: Surgical prophylaxis, >1 dose but prescribed for 24 hours or less – 24 hour SP3: Surgical prophylaxis, prescribed for more than 24 hours – >24 hours
2c.	Surgical category See Appendix 4, Table 2.
2d.	Operative procedure See Appendix 4, Table 2. <ul style="list-style-type: none"> NHSN surgery (select code from drop down list) Non NHSN (minimally invasive procedure) Non NHSN (other) (i.e. an invasive procedure <u>without</u> an associated NHSN code)
(3) SAP guideline compliance	
3a.	Is SAP indicated for this procedure according to local guidelines? <ul style="list-style-type: none"> Yes No No local guideline for this procedure
3b.	Was SAP duration extended beyond the recommended maximum duration (as in local guidelines or if there are no local guidelines refer to HSE position statement)? <ul style="list-style-type: none"> Yes No
3c.	If 'Yes' to question 3b, what was the reason for extending the antibiotics beyond the recommended duration? If 3b has been answered with “Yes”, the options are: <ul style="list-style-type: none"> Drain in place (inappropriate) No clear rationale (inappropriate)

	<ul style="list-style-type: none"> • Not documented • Provide free text description if reason not listed <p>If 3b has been answered with “No”, the options are:</p> <ul style="list-style-type: none"> • Not Applicable (NA) <p>Remember: Do not complete detailed data collection if antimicrobial is prescribed for treatment of suspected or confirmed infection.</p>
3d.	<p>Did the patient receive the first line choice of antibiotic regimen recommended in the local antibiotic prescribing guidelines? Note: This only refers to the antimicrobial agent choice.</p> <ul style="list-style-type: none"> • Yes • No - antimicrobial resistance • No - penicillin allergy • No - adverse drug reaction • No - other • Not applicable (NA) – as no guidelines in place

Appendix 4

Table 2: Question 2c and 2d - Surgical Category and Operative Procedure

N.B. Notes on certain operative procedure types are located at the end of this table.

Category	NHSN code	Operative procedure	Description
Cardiac	NHSN-CARD	Cardiac surgery	Procedures on the valves or septum of heart Does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation
	NHSN-CBGB	Coronary artery bypass graft with both chest and donor site incisions	Chest procedure to perform direct revascularisation of the heart; includes obtaining suitable vein from donor site for grafting.
	NHSN-CBGC	Coronary artery bypass graft with chest incision only	Chest procedure to perform direct vascularisation of the heart using, for example the internal mammary (thoracic) artery
	NHSN-HTP	Heart transplant	Transplantation of heart **Includes insertion/ replacement of leads **Excludes insertion of temporary transvenous pacemaker system
	NHSN-PACE	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker
ENT & Maxillofacial	NHSN-NECK	Neck surgery	Major excision or incision of the larynx and radical neck dissection; does not include thyroid and parathyroid operations; Maxillofacial surgery **Excludes thyroid and parathyroid operations - see NHSN-THYR below
General	NHSN-AB	General-Abdominal Surgery	Abdominal operations not involving the gastrointestinal tract or biliary system
	NHSN-APPY	Appendix surgery	Operation of appendix (not incidental to another procedure) **Includes laparoscopic appendectomy
	NHSN-BILI	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas **Excludes operations only on gallbladder (See Gallbladder Surgery)
	NHSN-BRST	Breast surgery	Excision of lesion or tissue of breast including radical, modified, or quadrant resection, lumpectomy, incisional biopsy, or mastoplasty
	NHSN-CHOL	Gallbladder surgery	Cholecystectomy and cholecystotomy
	NHSN-COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine **Includes large-to-small and small-to-large bowel anastomosis **Excludes rectal operations
	NHSN-GAST	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy **Excludes vagotomy and fundoplication which should be recorded as minimally invasive (unless open)
	NHSN-HER	Herniorrhaphy	Repair of inguinal, femoral, umbilical, or anterior abdominal wall hernia **Excludes repair of diaphragmatic or hiatal hernia or hernias at other body sites (See Thoracic Surgery)
	NHSN-LTP	Liver transplant	Transplantation of liver

Category	NHSN code	Operative procedure	Description
	NHSN-REC	Rectal surgery	Operations on rectum
	NHSN-SB	Small bowel surgery	Incision or resection of the small intestine **Excludes small-to-large bowel anastomosis (See colon surgery)
	NHSN-SPLE	Spleen surgery	Resection or manipulation of spleen
	NHSN-THYR	Thyroid and/or parathyroid surgery	Resection or manipulation of thyroid and/or parathyroid
	NHSN-XLAP	Exploratory laparotomy	Procedures involving an incision through abdominal wall to gain access into the abdominal cavity; diagnostic procedure on abdominal region
Neurosurgery	NHSN-CRAN	Craniotomy	Incision through the skull to excise, repair, or explore the brain **Excludes taps or punctures
	NHSN-VSHN	Ventricular shunt	Ventricular shunt operations, including revision and removal of shunt
Obstetrics & Gynaecology	NHSN-CSEC	Caesarean section	Obstetrical delivery by Caesarean section
	NHSN-HYST	Abdominal hysterectomy	Removal of uterus through an abdominal incision **Excludes vaginal hysterectomy (see separate procedure listed below)
	NHSN-OVRY	Ovarian surgery	Operations on ovary and related structures
	NHSN-VHYS	Vaginal hysterectomy	Vaginal hysterectomy; includes that by laparoscope
Orthopaedics	NHSN-FUSN	Spinal fusion	Immobilisation of spinal column **Excludes refusion of spine
	NHSN-FX	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation **Excludes placement of joint prosthesis (see Hip and Knee prosthesis) **Excludes closed application of external fixator which should be recorded as minimally invasive
	NHSN-HPRO	Hip prosthesis	Arthroplasty of hip **Includes total, partial and revisions
	NHSN-KPRO	Knee prosthesis	Arthroplasty of knee **Includes total, partial and revisions
	NHSN-LAM	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures
	NHSN-RFUSN	Refusion of spine	Refusion of spine
	NHSN-UL	Ortho-Upper limb surgery excl. open reduction # long bones	Operations on the upper limb (hand, arm, shoulder) including joint prosthesis **excluding hip/knee prosthesis **excluding Open reduction of fracture or dislocation of long bones
Thoracic	NHSN-THOR	Thoracic surgery	Noncardiac, nonvascular thoracic surgery ** Includes pneumonectomy and diaphragmatic or hiatal hernia repair
Urology	NHSN-KTP	Kidney transplant	Transplantation of kidney
	NHSN-NEPH	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures **Excludes kidney transplant

Category	NHSN code	Operative procedure	Description
	NHSN-PRST	Prostate surgery	Suprapubic, retropubic, radical, or perineal excision of the prostate **Excludes include transurethral resection of the prostate, which should be recorded as minimally invasive
Vascular	NHSN-AAA	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement
	NHSN-AMP	Limb amputation	Total or partial amputation or disarticulation of the upper or lower limbs, including digits **Excludes amputation with healing by secondary intention which should be recorded as minimally invasive
	NHSN-AVSD	Shunt for dialysis	Arteriovenostomy for renal dialysis (surgery to create an AV fistula or graft for haemodialysis)
	NHSN-CEA	Carotid endarterectomy	Endarterectomy on vessels of head and neck (includes carotid artery and jugular vein)
	NHSN-PVBY	Peripheral vascular bypass surgery	Bypass operations on peripheral arteries

Notes

Insertion of a device or line is not considered to be a surgical procedure. Please note that the following procedures are **NOT regarded as surgical or minimally invasive procedures**:

- Endoscopic procedures (OGD, colonoscopy, ERCP bronchoscopy)
- Percutaneous angioplasty (coronary, cerebral or peripheral vascular)
- Percutaneous drainage of a collection (e.g. in interventional radiology)
- Insertion of a central vascular catheter
- Insertion of an intra-aortic balloon pump
- Insertion of an intercostal tube drain or chest drain
- Insertion of a percutaneous nephrostomy

Please note that the following procedures are regarded as **minimally invasive procedures**:

- Hysteroscopic removal of fibroids: Evacuation of retained products of conception.
- Transurethral resection of prostate
- Dental extraction: ICD-9-CM code 23.1 Surgical removal
- Extraventricular drain

Please note that the following procedures are regarded as **other procedures** (i.e. an invasive procedure without an associated NHSN code)

- Obstetrical procedures: peri-delivery/labour (one or more) ICD-9-CM 75.3 and 75.9.
- Incision and drainage of abscess with secondary closure
- Any diabetic forefoot amputation with healing by secondary intention
- Any other operation where healing is by secondary intention
- Tonsillectomy
- Application of external fixator/Olizarov

Appendix 5

Data Entry Tool: National Antimicrobial Targeted Point Prevalence Survey (tPPS) for Surgical Antibiotic Prophylaxis (V1.0 – July 2025)

This Excel tool is in electronic format only and can be found in *Data Entry Tool-2025 SAP tPPS.xlsx*