Government of Saskatchewan

Post Surgical Follow-up Tool

The Post Surgical Follow-up tool is part of a quality program aimed at improving surgical care at our hospitals.

Patients: Please take this form (do not complete yourself) to your doctor or healthcare provider if you develop **ONE or MORE** of the symptoms indicated below:

- Redness, heat, and/or swelling around the surgical site
- Pus from the surgical site
- Increased pain or tenderness at the surgical site
- Chills/fever

Healthcare Providers: If the patient presents with **ONE or MORE** of the symptoms above, please:

- Collect a swab for culture and sensitivity (C&S) before prescribing an antibiotic; and
- Fill in the information below.

Patient Name: _____ DOB (dd/mm/yyyy): _____ PHN: _____

Hospital where surgery was performed: _____

Date surgery performed (dd/mm/yyyy): _____

Was a swab taken of the surgical site? ❑ Yes ❑ No

Was a course of antibiotics related to the surgical site prescribed? ❑ Yes ❑ No

Date symptoms started (dd/mm/yyyy): _____

Clinical signs and symptoms of infection present (check all that apply):

- ❑ Purulent drainage
- ❑ Localized swelling
- ❑ Heat
- ❑ Dehiscence
- ❑ Physician diagnosis of infection
- ❑ Pain or tenderness
- ❑ Erythema
- ❑ Abscess or other evidence of infection
- ❑ Incision deliberately opened by healthcare provider

Name of healthcare provider completing the form: _____

Date (dd/mm/yyyy): _____

Send completed form to your local Infection Prevention and Control Department