

National Bone & Joint Infection Registry



PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR
DETAILS TO BE ADDED TO THE REGISTRY

Surgery – Periprosthetic & Native Joint Infection

FOR COMPLETION BY OPERATING SURGEON

PATIENT ID (Label preferred):

(Minimum required:
Name, D.O.B, NHS Number)

DATE OF SURGERY:

NAME OF SURGEON:

Please complete all parts by ticking the most appropriate box.

These reflect the drop down options in the registry and there is no facility for free-text unless stated

DIAGNOSIS:

INFECTED JOINT REPLACEMENT

INFECTED NATIVE JOINT

PRESENCE OF SINUS PRE-TREATMENT:

YES

NO

ANATOMICAL SIDE:

LEFT

RIGHT

CENTRAL

BONE OR JOINT OPERATED:

STERNOCLAVICULAR

SHOULDER

ELBOW

WRIST

HIP

KNEE

ANKLE

ORTHO IMPLANT PRESENT AT INDEX SURGERY

YES

NO

UNKNOWN

PREVIOUS ORTHO SURGERY TO MANAGE INFECTION AT THIS SITE

YES

NO

UNKNOWN

IF YES, NUMBER OF PREVIOUS OPERATIONS

1

2-4

>4

UNKNOWN

DATE OF MOST RECENT SURGERY _____

CHRONICITY OF INFECTION:

ACUTE

CHRONIC

*Presenting within 4 weeks of index surgery, or within 4 weeks from onset of symptoms consistent with infection.

*Clinical features consistent with acute infection

*Presenting at least 4 weeks after index surgery, or greater than 4 weeks from onset of symptoms.

*Clinical features consistent with chronic infection

1

V06.22

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INFECTED PROSTHETIC JOINT:

- | | |
|---|---|
| <input type="checkbox"/> OPEN WASHOUT | <input type="checkbox"/> ARTHROSCOPIC WASHOUT |
| <input type="checkbox"/> OPEN BIOPSY | <input type="checkbox"/> DAIR (WITHOUT COMPONENT EXCHANGE) |
| <input type="checkbox"/> DAIR (EXCHANGE MOD COMPONENTS) | <input type="checkbox"/> SINGLE STAGE REVISION |
| <input type="checkbox"/> 1 ST OF 2 STAGE JOINT REPLACEMENT/ARTHRODESIS | <input type="checkbox"/> 2 ND OF 2 STAGE JOINT REPLACEMENT/ARTHRODESIS |
| <input type="checkbox"/> REPEAT 1 ST STAGE REVISION | <input type="checkbox"/> REMOVAL OF # FIXATION IMPLANT |
| <input type="checkbox"/> AMPUTATION | <input type="checkbox"/> 1 ST STAGE ARTHRODESIS |
| <input type="checkbox"/> 2 ND STAGE ARTHRODESIS | <input type="checkbox"/> NO SURGERY AT PRESENT |

INFECTED NATIVE JOINT:

- | | |
|--|--|
| <input type="checkbox"/> OPEN WASHOUT | <input type="checkbox"/> ARTHROSCOPIC WASHOUT |
| <input type="checkbox"/> OPEN BIOPSY | <input type="checkbox"/> SYNOVECTOMY |
| <input type="checkbox"/> EXCISION AND SPACER | <input type="checkbox"/> EXCISION WITHOUT SPACER |
| <input type="checkbox"/> FUSION | <input type="checkbox"/> JOINT REPLACEMENT |
| <input type="checkbox"/> AMPUTATION | |

LOCAL MEDICAL MANAGEMENT (INDEPENDENT SECTION ON REGISTRY, MULTIPLE OPTIONS MAY BE SELECTED)

CARRIER:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> PALACOS - G | <input type="checkbox"/> COPAL – G+C | <input type="checkbox"/> COPAL – G+V |
| <input type="checkbox"/> CMW | <input type="checkbox"/> CEMEX | <input type="checkbox"/> DAC 5 ML |
| <input type="checkbox"/> DAC 10 ML | <input type="checkbox"/> OSTEOSET | <input type="checkbox"/> PRODENSE |
| <input type="checkbox"/> HERAFIL | <input type="checkbox"/> CERAMENT | <input type="checkbox"/> BONE GRAFT |
| <input type="checkbox"/> 5ML STIMULAN RAPIDCURE | <input type="checkbox"/> 10ML STIMULAN RAPIDCURE | |
| <input type="checkbox"/> 20ml STIMULAN RAPIDCURE | <input type="checkbox"/> SMARTSET GMV ENDURANCE GENTAMICIN BONE CEMENT | |
| <input type="checkbox"/> SMARTSET GHV GENTAMICIN BONE CEMENT | <input type="checkbox"/> DEPUY CMW 1 GENTAMICIN BONE CEMENT | |
| <input type="checkbox"/> DEPUY CMW 2 GENTAMICIN BONE CEMENT | <input type="checkbox"/> DEPUY CMW 3 GENTAMICIN BONE CEMENT | |
| <input type="checkbox"/> OTHER (free text) _____ | | |

ANTIBIOTICS WITHIN CARRIER:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> AMIKACIN | <input type="checkbox"/> AMOXICILLIN | <input type="checkbox"/> ANTIFUNGAL |
| <input type="checkbox"/> AZITHROMYCIN | <input type="checkbox"/> BENZYL PENICILLIN | <input type="checkbox"/> CEFTAZIDIME | <input type="checkbox"/> CEFTRIAXONE |
| <input type="checkbox"/> CIPROFLOXACIN | <input type="checkbox"/> CLARITHROMYCIN | <input type="checkbox"/> CLINDAMYCIN | <input type="checkbox"/> CO-AMOXICLAV |
| <input type="checkbox"/> CO-TRIMOXAZOLE | <input type="checkbox"/> DAPTOMYCIN | <input type="checkbox"/> DOXYCYCLINE | <input type="checkbox"/> ERTAPENEM |
| <input type="checkbox"/> FLUCLOXACILLIN | <input type="checkbox"/> FUSIDIC ACID | <input type="checkbox"/> GENTAMICIN | <input type="checkbox"/> LINEZOLID |
| <input type="checkbox"/> MEROPENEM | <input type="checkbox"/> METRONIDAZOLE | <input type="checkbox"/> MOXIFLOXACIN | <input type="checkbox"/> PIPERACILLIN TAZOBACTAM |
| <input type="checkbox"/> PRISTINAMYCIN | <input type="checkbox"/> RIFAMPICIN | <input type="checkbox"/> TEICOPLANIN | <input type="checkbox"/> TIGECYCLINE |
| <input type="checkbox"/> TOBRAMYCIN | <input type="checkbox"/> TRIMETHOPRIM | <input type="checkbox"/> VANCOMYCIN | |
| <input type="checkbox"/> OTHER (free text) _____ | | | |