

## Guideline: **Periprosthetic Joint Infection (PJI) Form**

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### Purpose

This guideline is designed to facilitate communication between the services regarding the patient specific management strategy

### Scope of Use

**This guideline is applicable to the Orthopaedic and Infectious Diseases services.**

### Guideline

#### How to complete the form - descriptions of the sections

##### **Section 1: Contact details**

Contact details for the lead clinicians involved in the patients care from both the orthopaedic and infectious diseases teams.

##### **Section 2: Deep or Superficial infection**

Teams are encouraged to indicate whether their clinical impression is of a deep infection (involving the prosthesis) or a superficial infection (no involvement of the prosthesis).

##### **Section 3: Orthopaedics**

This section encourages the caring orthopaedic team to indicate the current overall surgical management plan. It is NOT intended to reflect each successive operation. For example, if a patient undergoes a debridement and implant retention procedure with a view to a 2-stage exchange procedure then 2-stage should be circled.

Documentation of the plan facilitates communication however does NOT preclude a change of plan which can be dated and documented below the initial surgical plan.

Orthopaedic teams are encouraged to refer to the "Guidance Document for the Selection of Surgical Strategies in the Management of Prosthetic Joint Infections" document. This has been developed by a panel of orthopaedic, infectious diseases, microbiology & infection control specialists at CMDHB to provide a framework for surgical decision making. Like many other available surgical guidance algorithms, it encourages early consideration of the chances of cure based on literature based risk factors.

##### **Section 3: Infectious Diseases**

This section encourages the caring infectious diseases team to indicate which cultured organisms are causing deep, periprosthetic infection and the associated recommended antibiotic regimen. Newly recognised organisms are to be added with dates as they arise.

<b>Document ID:</b>	A555310	<b>CMH Revision No:</b>	1.0555310
<b>Service:</b>	Infection Services / OrthopaedicsInfectious Diseases	<b>Last Review Date :</b>	5/9/20165/09/2016
<b>Document Owner:</b>	Clinical Director, Infection ServicesClinical Director - Infectious Disease	<b>Next Review Date:</b>	5/9/20185/09/2019
<b>Approved by:</b>	Prosthetic Joint Infection groupInfectious Diseases / AMS specialist Pharmacist - Pharmacy	<b>Date First Issued:</b>	5/9/2016
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Contaminating organisms should not be recorded on the form but may be commented on in the body of the notes.

#### Section 4: Comments

The comments section provides for critical information sharing between teams.

For example, the orthopaedic team may express...

- Future timing for exchange arthroplasty staged procedures
- Concerns regarding adequacy of debridement
- Concerns regarding the operative risk of any future procedures

For example, the infectious diseases team may express...

- Contraindications to antibiotic use (e.g. rifampicin and warfarin)
- Information regarding the availability of adequate antibiotic regimens for cure

#### Associated Documents

Other documents relevant to this guideline are listed below:

<b>NZ Legislation &amp; Standards</b>	None
<b>CM Health Documents</b>	Acute periprosthetic joint infection guideline Surgical strategies in the management of periprosthetic joint infections Periprosthetic joint infection sampling guideline
<b>Other related documents</b>	None

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## Appendix 1: Copy of form

**Periprosthetic Joint Infection (PJI) Form**

Patient sticker

**Section One: Orthopaedics**

<b>1</b>	Primary Surgeon: _____ Contact no: _____.		Senior Registrar: _____ Contact: _____.	
<b>2</b>	The infection is (circle)		DEEP or SUPERFICIAL	
<b>3</b>	<u>Date</u>	<u>Initial Surgical Plan</u> No Surgery DAIR 1-stage 2-stage Arthrodesis Amputation Other (see comments)	<u>Residual metalware?</u> Yes No	<u>Intended outcome?</u> Cure Suppress
	<u>Date</u>	<u>Revised Surgical Plan</u> No Surgery DAIR 1-stage 2-stage Arthrodesis Amputation Other (see comments)	<u>Residual metalware?</u> Yes No	<u>Intended outcome?</u> Cure Suppress
	<u>Date</u>	<u>Revised Surgical Plan</u> No Surgery DAIR 1-stage 2-stage Arthrodesis Amputation Other (see comments)	<u>Residual metalware?</u> Yes No	<u>Intended outcome?</u> Cure Suppress
<b>4</b>	Comments			

**Section Two: Infectious Diseases**

<b>1</b>	Primary ID SMO: _____ Contact no: _____.		Registrar: _____ Contact: _____.	
<b>2</b>	The infection is (circle)		DEEP or SUPERFICIAL	
<b>3</b>	<u>Date</u>	<u>Organisms causing deep infection</u>	<u>Recommended Antibiotics</u>	

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<b>4</b>	<b>Comments</b>
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