Surgical Site Infections (SSI) Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Develop and follow standardized order sets for each surgical procedure to include antibiotic name, timing of administration, weight-based dose, re-dosing (for longer procedures), and discontinuation.				
Ensure pre-operative skin antisepsis (basic soap and water shower; chlorhexidine (CHG) showers).				
Develop standardized peri-operative skin antiseptic practices utilizing the most appropriate skin antiseptic for the type of surgery performed.				
Develop a standardized procedure to assure normothermia by warming ALL surgical patients.				
Develop and implement protocol to optimize glucose control in ALL surgical patients.				
Develop protocol to screen and/or decolonize selected patients with <i>Staphylococcus aureus</i> .				
Adhere to established guidelines (e.g. HICPAC, AORN) to assure basic aseptic technique (e.g. traffic control, attire) is adhered to uniformly.				
Establish a culture of safety that provides an environment of open and safe communication among the surgical team.				
Establish system where surgical site infection data is analyzed and shared.				
Develop a protocol to provide guidance on blood transfusion practices as a unit of packed red blood cells should be considered a transplant/immune modulator and has been linked to a higher risk of SSI's.				





