Slashing surgical site infections (SSI)
Summary of recommendations for patients of all ages having surgery in the OR that involves a skin incision

1. **Showering/bathing**
   - Patients are to be advised to shower or bathe (full body) with either soap (antimicrobial or non-antimicrobial) or an antiseptic agent, once the evening before and once the morning of the surgical procedure.
   - Upon admission to the preoperative area, an FDA approved antiseptic solution is to be applied in full strength to the operative site.
   - Adherence to instructions for preoperative antiseptic showering or bathing at home is to be assessed upon admission to the preoperative area as a part of a preoperative bundle/checklist. If a patient reports that he or she was unable, an antiseptic shower, bath or full body wipe is to be completed pre-operatively.
   - Hospital inpatients requiring surgery are to receive an antiseptic shower, bath, or full body wipe prior to surgery whenever possible.

2. **Postoperative wound**
   - Surgical sterile dressings are to be left intact 24–48 hours unless there is bleeding or a reason to suspect early infection.
   - Where postoperative dressing changes are necessary, sterile gloves and dressings should be used.
   - Patient education on the importance of hand hygiene in preventing SSI is to be provided preoperatively, and hand hygiene products will be provided at the patient bedside.

3. **Closing instrumentation/trays for class II open surgeries**
   - For all bowel procedures, clean instruments, water, and gloves/gowns are to be utilized for wound closure. (AORN)
   - For all class II and higher clean/contaminated open laparotomies, including extracorporeal bowel anastomoses, clean instruments, water, and gloves/gowns are to be considered for wound closure.
   - The need for closing trays/closing instruments is to be added to the preoperative briefing or timeout script.

4. **Antibiotic dosing**
   - Intra-operative re-dosing of surgical prophylactic antibiotics is to be performed for procedures that last longer than two half-lives of the drug.
   - Intra-operative re-dosing of surgical prophylactic antibiotics is to be performed for procedures involving blood loss >1500cc.
   - A weight based dosing protocol is to be implemented per AHSP/SHEA guidelines

5. **Glycemic control**
   - Implement perioperative glycemic control and use blood glucose target levels <200mg/dL for diabetic and non-diabetic patients.

6. **Normothermia**
   - Maintain normothermia (body temperature ≥ 36°C or 96.8º F) preoperatively, intraoperatively and postoperatively.

7. **OR traffic**
An assessment of OR traffic, with the intent to reduce unnecessary traffic, is performed upon implementation of SSI bundle and periodically thereafter.

References: