

POINT OF CARE – SURGICAL SITE INFECTIONS (SSI)

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
<p>Provide appropriate, reliable and timely care to patients using evidence-based therapies to prevent surgical site infections</p>	<p>Reliable, evidence based perioperative ward care</p>	<ul style="list-style-type: none"> • Ensure that a clinical risk assessment for Methicillin resistant Staphylococcus aureus (MRSA) has taken place • Hair is not removed if possible. Razors where not used if hair was removed • Patients has showered (or bathed/washed if unable to shower) on day of or day before surgery using soap • The wound dressing remains intact for 48 hrs post operatively unless clinically indicated • Aseptic technique is used if there is excessive leakage and need for dressing change
	<p>Reliable, evidence based perioperative theatre care</p>	<ul style="list-style-type: none"> • The appropriate prophylactic antibiotic is administered within 60 minutes before the operation (blade to skin) • 2% chlorhexidine gluconate in 70% isopropyl alcohol solution – if patient sensitive use povidine-iodine solution • The patient’s body temperature is maintained $\geq 36^{\circ}$ in the peri-operative period (exclude cardiac patients) • Known diabetic patients’ glucose level kept at < 11mmols/l throughout the operation

N.B. There is a robust evidence base for use of 2% chlorhexidine gluconate in 70% isopropyl alcohol solution (CHG 2%) to reduce surgical site infections (SSI). Recognising the current financial implications and resulting limitation on availability, it will be appropriate for teams working to reduce SSI to focus improvement activity on other elements and document CHG 2% as not available in the interim.