

SURGICAL SITE INFECTION PREVENTION CHECKLIST

This checklist includes space for a patient label, the name of the person completing the checklist and the date. A number of SSI Bundle questions are include with space to indicate a "yes" or "no" answer and comments.

Patient Label

Name: _____

Date: _____

SSI Bundle	Y	N	Comments
Antimicrobial prophylaxis performed? Time antibiotic administered _____ _____ minutes before incision Time readministered _____ Appropriate dosage for patient weight? _____			
Surgical hand scrub performed?			
Appropriate PPE worn? Scrub gown, scrub suit, cap, sterile gloves, eye protection, surgical mask			
Patient covered with a drape?			
Drape separates surgical instruments, equipment and supplies?			
Proper ventilation maintained throughout surgery? Positive pressure maintained Minimum of 15 air exchanges per hour (3 of which must be fresh air) Filtering air through two filters that provide 90% efficiency Air introduced near the ceiling and exits near floor			
Surfaces and environment cleaned prior to surgery?			
Surgical instruments properly sterilized? Flash sterilization not used or used as little as possible?			
Foot traffic kept to a minimum?			
Patient skin cleaned prior to surgery?			
Hair removed with depilatory or clippers?			
Blood glucose levels monitored and maintained (<200 mg/dL)?			
Postoperative wound care performed? Maintain sterile dressing on wound 24-48 hours after surgery Change dressings every 2-4 hours until wound no longer drains or is clearer Change dressings 1-2 times a day after this			