



Departamento de Salud Elche
Hospital General

ZERO SURGICAL INFECTION PROJECT CHECKLIST 2017



Sociedad Española
Medicina Preventiva,
Salud Pública y Gestión Sanitaria

Medical Service (WARD):.....

Date of surgery (WARD): ___ / ___ / ___

Surgery (WARD):.....

(PM) EPINE Medical Service Code: ___
(PM) EPINE Surgery Code: ___
(PM) NNIS: ___

Patient label

Antibiotic Prophylaxis (WARD):.....

- Administered and indicated? (PM):
 - Not indicated, not administered.
 - Not indicated, administered.
 - Indicated, and not administered.
 - Administered and indicated.
 - Indicated, but inadequate timing of administration.
 - Indicated, but inadequate antibiotic choice.
 - Indicated, but inadequate duration.
 - Indicated, but inadequate for several reasons.

- Time antibiotic administration (WARD) :
- Incision start time (WARD) :
- Elapsed time < 60 minutes: YES NO
- Need for a 2nd dose: YES NO
- **Correct Overall Procedure:** YES NO

Alcoholic Chlorhexidine (2%) Skin preparation:

YES NO OTHERS Amount (cc): _____

- Back and forth friction: YES NO
- 2 times application in each zone: YES NO
- Spill visual control: YES NO
- Comments:

- Way of application: Applicator Swab
- Allow to dry 1-2 minutes: YES NO
- Adjusts to expected consumption: YES NO
- **Correct Overall Procedure:** YES NO

Hair Removal (WARD):

Razor Electric clipper None Others

- Bath or shower (WARD): YES NO
- Elapsed time < 16 hours: YES NO

- Presence of wounds or dermatitis in the incision site: YES NO
- **Correct Overall Procedure:** YES NO

Is Normothermia indicated?:

YES NO

- >35,5° C before surgery: YES NO
- <35,5° C after surgery: YES NO

- Use of blankets: YES NO
- Use of fluid heaters: YES NO
- **Correct Overall Procedure:** YES NO

Is Glycemic Control indicated? (WARD):

YES NO

- Correct hourly glycemic control: YES NO

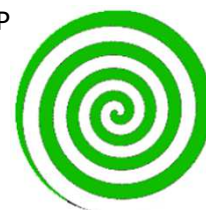
- Last glycemia in Ward (WARD): ___ mg/dl
- Glycemia >200 mcg: YES NO
- **Correct Overall Procedure:** YES NO

INSTRUCTION MANUAL AND GUIDE FOR THE CHECKLIST (GC). ZSIP 2017.

GENERAL RULES:

The sections with the note (PM) will be filled in Preventive Medicine. The sections with the note (WARD) will be filled by the responsible staff nurse, and the rest of the sections in the Operating Room (nurse and/or circulating nurse). All of them will receive the necessary assistance from surgeons and anesthesiologists to fill out the checklist. This GC will begin at the ward and will be stapled to the "green checklist" (Surgical Patient Registration) when the patient passes from the ward to the operating room. It is recommended to fill in each step after verification and not to do it at the end of the surgery.

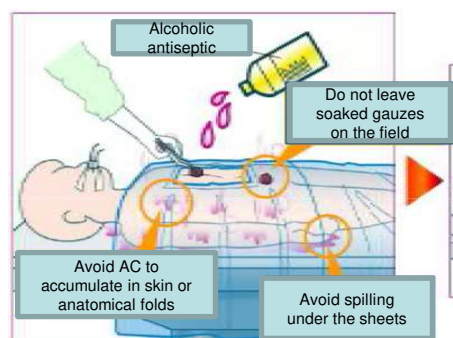
ANTIBIOTIC PROPHYLAXIS (AP): The ward nurse (or operating room nurse) will note down the AP and time of administration. PM will encode the checklist (filling one of the 8 options). The antibiotic prophylaxis shall be complied with the terms of indication, route of administration, dose and time of administration, according to the hospital's antibiotic prophylaxis program. It is very important that time elapsed doesn't exceed >60 minutes. The surgeon will decide if a second dose is necessary. If a different AP is given, should be noted down and justified.



Check Correct Overall Procedure if ALL components have been correct.

PREPARATION OF THE SKIN WITH 2% ALCOHOLIC CHLORHEXIDINE (AC):

Note whether alcoholic or aqueous chlorhexidine (depending on the type of surgery) is used. Deposit in sterile capsule the maximum amount of AC intended to be used for that intervention. Apply with sterile gauze on the skin and friction for at least 30 seconds in back and forth movement. Allow to dry for 1-2 minutes and apply again until complete 2 applications. Check that there is not accumulated AC left in anatomical folds or on top of the soaker and that there are no soaked gauze in the field. Write down the amount of AC applied, the total application time in minutes and whether it corresponds to the expected consumption or not.



Check Correct Overall Procedure if ALL components have been correct.

HAIR REMOVAL: The right thing to do is either not remove hair at all or use an electric razor, which is capable of cutting up to 0.3 mm. of hair. Hair removal is allowed to be performed at home by the patient with a clipper (<16 hours) or wax (at least 5 days before). Bath or shower and hair removal is allowed the night before the morning surgery. No bathing/shower or hair removal is allowed in urgent surgery. Carefully check for wounds, boils or dermatitis in the area near the incision.



Check Correct Overall Procedure if ALL components have been correct.

NECESSARY NORMOTHERMAL CONTROL: It is evaluated by the Anesthesiologist. Indicated only for interventions that meet ANY of these criteria: surgery longer than 1 hour, significant bleeding or open cavities. The room temperature will be between 21-23 °C and will be guaranteed by the Maintenance Service. In patients with a urinary catheter, the temperature will be measured with a probe, and if the patient is not catheterized it will be measured with an ear thermometer. Temperature must not be less than 36 °C. It will be continuously monitored or scheduled (depending on the availability of the thermometer) and at the entry and exit of the patient in the operating room. The antiseptic and fluids will be warm.



Check Correct Overall Procedure if ALL components have been correct.

NECESSARY GLYCEMIC CONTROL: It is evaluated by the Anesthesiologist. Indicated only for diabetic patients. Blood sugar should not exceed 200 mg. Note the last blood glucose test on the hospital ward. A glycemic control will be performed at the beginning and at the end of the procedure and every hour during surgery.



Check Correct Overall Procedure if ALL components have been correct.