

1. Updated AP Protocols at least < 3-5 years

2. Verify the AP adjustment, according to selection, dosing, duration and therapeutic indication



3. Infusion must be started <60 minutes before surgical incision

8. Apply review process in **NOT FILLED OUT CASE**

Leader: Staff surgeon or nurse. The operating room surgeon or nurse or anaesthesiologist.

4. Dosage adjustments based on: body weight, age, obesity, haemodilution



7. Warning devices for 2nd dose if surgical intervention is prolonged even though this had not been planned



ANTIBIOTIC PROPHYLAXIS

6. PA before the incision in cesarean sections and the tourniquet in orthopedic surgery

5. Combine AP with adequate decontamination protocols (intestinal, oral, vaginal, naso-pharyngeal)



1. Ensure bodily hygiene with soap no more than 12 hours before surgery.

2. Pre-define interventions where CA* should not be used

3. It is preferable to use a specific AC APPLICATOR: Choose one with sufficient capacity: 3/10.5/26 ml
Apply with friction, for at least 30 seconds, in horizontal or vertical bands



8. Apply review process in **NOT FILLED OUT CASE.**

Leader: The operating room surgeon or nurse



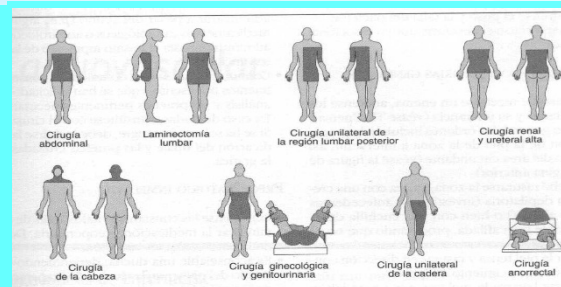
7. Allow to dry at least 2 minutes.

ALCOHOLIC CHLORHEXIDINE

6. Perform visual inspection of spills. Danger of ignition



5. Extend the scrub area according to the type of surgical intervention.



4. If applicator can not be available, apply AC with sterile swab and clamb. Dosing 2% CA to the 75th percentile of predicted theoretical consumption.

1. Do not remove hair if not necessary

8. Apply review process in **NOT FILLED OUT CASE.**

7. Ensure bodily hygiene AFTER hair removal



2. Remove hair with electric clippers with a single-use head. One electric clippers on each floor. Do not use **RAZORS** for hair removal.



3. Interval from hair removal to surgical intervention <12-16 hours

4. Use protocols that delimit the hair removal zone. They must be focused on the incision area.

Leader: Staff nurse.

HAIR REMOVAL

6. Standardize certain strictly defined exceptions (NCG, Hair removal at home, other methods of hair removal)

5. Staff must check that there is no excoriation or dermatitis in incision area. If applicable, treat before.



1. Check if normothermia is indicated in patients according to Hospital protocols.

2. Use reliable measurement devices about patient temperature.



3. Check temperature every hour before, during and after surgery, always keeping

>35.5°C



8. Apply review process in **NOT FILLED OUT CASE.**

Leader: Staff nurse. The operating room nurse or anaesthesiologist.

PERIOPERATIVE NORMOTHERMIA

4. Maintain the operating room between 21°-23°C. Use dehumidifier or adjust temperature to seasonal changes

7. Control the temperature using the international algorithms of temperature regulation (NICE-2008 or ASPAN-2010).

6. If applicable, use fluid heaters



5. If applicable, use contact heaters



1. Identify PN* heads in plant, operating room and recovery room.

2. Previous surgery, check if PN* is indicated in patients. Adjust before entry into operating room.



3. Avoid prolonged fasting state and dehydration. If applicable, use carbohydrate drinks until 2 hours before surgery.

8. Apply review process in **NOT FILLED OUT CASE.**

Leader: Staff nurse. The operating room nurse or anaesthesiologist.

PERIOPERATIVE NORMOGLYCEMIA

7. Control blood glucose levels using international algorithm tables, such as the Surgical Clinical Outcomes Assessment Program (SOAP)



6. Make sure you have prepared insulin dosage for administration in the operating room.

4. Use appropriate devices (glucometers) to monitor blood glucose levels.



5. Check blood glucose levels before, during and after surgery <180 mg / dl.



*PN: Perioperative Normoglycemia