Date of procedure:
Patient name and MRN (or sticker):

Colorectal Surgery SSI Protocol Checklist

Pre-Hospital:

- ☐ Patient education
- ☐ Shower/bath on evening prior (antibiotic or regular soap)
- ☐ Chlorhexidine wipes on morning of (in Same Day Surgery or on the wards if admitted)

Pre-Incision

- ☐ Hair removal (if applicable) with clippers
- ☐ Surgical field prep with Chloraprep (if contra-indication to Chloraprep then use betadine *AND* alcohol). Allow adequate drying time for prep (per current OR standards).
- ☐ Appropriate antibiotics within 30 min prior to incision (with re-dosing intraoperatively)

Intra-Operative

- ☐ Routine use of fascial wound protector (ALEXIS) for both open and laparoscopic extraction sites. (If already being utilized, GelPort counts as wound protector).
- ☐ Ioban allowed, but not required.
- ☐ Gown and glove change by surgeons and scrub prior to fascial closure
- ☐ Place clean towels around wound prior to fascia/skin closure. If drapes are grossly contaminated or soaked through with fluids, new laparotomy drape to be placed.
- ☐ Use dedicated wound closure tray for fascia and skin. Replace bovie and suction tip/tubing.
- ☐ Irrigation of wound once fascia is closed (using normal saline; antibiotic solution not necessary).
- ☐ Approximate tissue layers and skin with interrupted deep dermal sutures to allow for free drainage (okay to leave wound open). Avoid water tight subcuticular closures. No dermabond on incision of a bowel extraction site. (Can use dermabond at other clean incisions).
- ☐ Ensure proper wound classification at end of case and announce during final time out.

Post-Operative

- ☐ Standard use of post-operative antibiotics: no post-operative antibiotics for Class I/II wounds; limit prophylactic post-operative antibiotics to 24 hours for all other wound classes. Continuation of antibiotics beyond 24 hours only if treating active infection.
- ☐ Normothermia, euglycemia, and 40% FiO2 by facemask in PACU.
- ☐ Dressing removed within 48 hours (if applicable) and daily inspection of wound

Surgeon name and signature: _____

OR nurse name and signature: _____

Cases to be used for: Creation/closure of ileostomy/colostomy, bowel resection, PSARP or PSARVUP with laparotomy, staged Hirschprung's pullthrough with laparotomy, creation of Malone, vaginal reconstruction/replacement using bowel, bowel tapering procedures. Can consider for ex lap for perforated viscus (excluding appendicitis).