

# SSI Bundle Checklist

## (Pre-Op)

Patient name:

Age:

Sex:

UHID No:

Weight:

DIAGNOSIS:

Operation planned \_\_\_\_\_

	Checked	Time
1. Psychological preparation	_____	_____
2. Consent taken	_____	_____
3. Overnight fasting	_____	_____
4. Operation site preparation	_____	_____
5. I.V. Drip site preparation	_____	_____
6. Urinary catheterization	_____	_____
Preparation	_____	_____
7. Metal ornaments removed	_____	_____
8. Oral hygiene / dentures	_____	_____
Removed	_____	_____
9. Nails cut	_____	_____
10. Bath given	_____	_____

### List of Premedication given (Do not disturb the patient after premedication)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

1. Blood pressure	:	_____
2. Pulse rate	:	_____
3. Respiratory rate	:	_____
4. Temperature	:	_____
5. Level of Consciousness	:	_____
6. Pupillary reaction	:	_____
7. Any other observations	:	_____

Patient shifted to operation theatre \_\_\_\_\_

Signature of the Nurse  
From Operation Theatre

Signature of the Nurse  
from Pre-Operative Area

P.T.O

<b>SURGICAL SITE INFECTION PREVENTION BUNDLE</b>			
<b>SSI prevention Bundle</b>		<b>Mark Y/ N</b>	<b>Remarks</b>
<b>Before Surgery</b>			
1.	Patient has bathed/washed preoperatively.	Y <input type="checkbox"/> N <input type="checkbox"/>	
2.	Hair removal with clipper / and timed as close to surgery	Y <input type="checkbox"/> N <input type="checkbox"/>	
3.	Antimicrobial prophylaxis administered at..... Antibiotic ..... /dosage ..... /.....minutes prior incision.	Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Pre-op location: Ward/.....ICU .....</b> <b>Name &amp; signature of SNO / NO:</b>			
<b>During Surgery</b>			
4.	Antimicrobial prophylaxis – Re-administered at..... Antibiotic ..... /dosage ..... Indication.....	Y <input type="checkbox"/> N <input type="checkbox"/>	
5.	Normothermia maintained perioperatively	Y <input type="checkbox"/> N <input type="checkbox"/>	
6.	Haemoglobin saturation is maintained > 95% perioperatively	Y <input type="checkbox"/> N <input type="checkbox"/>	
7.	Blood glucose levels maintained < 200mg/dl perioperatively	Y <input type="checkbox"/> N <input type="checkbox"/>	
8.	Minimum of 15 air exchanges per hour	Y <input type="checkbox"/> N <input type="checkbox"/>	
9.	Surgical instruments sterilized Flash sterilization not used or used as little as possible	Y <input type="checkbox"/> N <input type="checkbox"/>	
10.	Foot traffic kept to a minimum	Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>OT block &amp; number.....</b> <b>Name &amp; Signature of staff:</b>			
<b>After surgery</b>		Post –op day 1	Post –op day 2
11.	Maintain sterile dressing on wound 24-48 hours after surgery.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
11	Postoperative wound care performed with strict aseptic technique	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
12	Antimicrobial prophylaxis stopped within 24 hrs	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13	Haemoglobin saturation is maintained > 95% post operatively	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
14	Blood glucose levels maintained < 200mg/dl post operatively	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Post-op location: Ward/..... ICU</b> <b>Name &amp;signature of SNO / NO:</b>			

\* One form per surgery

Signature of ANS/ SNO (Post – op location)