Travancore Medical College Hospital
A Unit of Quilon Medical Trust

OCTOBER 2023
HIPC NEWSLETTER

In This Issue

Important Dates

| World Hand Hygiene Day- May 5th

| Global Handwashing Day- October 15th

Guideline Updates Quick Links

https://www.cdc.gov/hai/vap/vap.html

https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf

·https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9163435/#:~:text=Batra%20P.%2C%20Soni,Google%20Scholar%5D

SURGICAL SITE INFECTION (SSI)

Surgical site infections (SSIs) are infections of the incision or organ or space that occur after surgery

Surgical site infections (SSI) are a common type of healthcare-associated infections and frequent complication of hospitalization, responsible for prolonged hospital stay, increased intensive care unit admissions, hospital readmissions after surgery, significantly increased costs.

WOUND CLASS

The four wound classifications available within the NHSN application are: Clean (C), Clean-Contaminated (CC), Contaminated (CO), and Dirty/Infected (D].

it may be related to patient's risk factors such as age, comorbidities, smoking habit, obesity, malnutrition, immunosuppression, malignancies, and the class of contamination of the wound Emergency surgery is a risk factor for SSI because many strong risk factors for SSI such as contaminated and dirty wounds, prolonged duration of the operation, patient comorbidities, and high American Society of Anesthesiologists (ASA) score are commonly present in this type of surgery.

PREVENTION

Most surgical site infections can be prevented if appropriate strategies are implemented.

Nutritional formulas: Consider the administration of oral or enteral multiple nutrient-enhanced nutritional formulas for the purpose of preventing SSI in underweight patients who undergo major surgical operations.

Bathing before surgery: It is good clinical practice for patients to bath or shower before surgery. Either a plain soap or an antiseptic soap could be used for this purpose.

Hair Removal: In patients undergoing any surgical procedure, hair should either NOT be removed or, if absolutely necessary, should only be removed with a clipper. Shaving is strongly discouraged at all times, whether preoperatively or in the OT

Intranasal mupirocin: Closure should notbe used for the purpose of preventing SSI. Consider treating patients with known nasal carriage of S. aureusundergoing other types of surgery with perioperative intranasal applications of mupirocin 2% ointment with or without a combination of CHG body wash.

Antibiotics & MBP : Preoperative oral antibiotics combined with MBP should be used to reduce the risk of SSI in adult patients undergoing elective colorectal surgery.

Antimicrobial sealants: Antimicrobial sealants should not be used after surgical site skin preparation for the purpose of reducing SSI.

Warming devices: Warming devices should be used in the operating room and during the surgical procedure for patient body warming with the purpose of reducing SSI

Blood glucose control: Protocols for intensive perioperative blood glucose control should be used for both diabetic and non-diabetic adult patients undergoing surgical procedures.

Fluid therapy: Goal-directed fluid therapy should be used intraoperatively for the purpose of reducing SSI

Drapes and gowns: Either sterile disposable non-woven or sterile reusable woven drapes and surgical gowns can be used during surgical operations for the purpose of preventing SSI.

Adhesive drapes: Plastic adhesive incise drapes with or without antimicrobial properties should notbe used for the purpose of preventing SSI.

Wound protectors: Consider the use of wound protector devices in clean-contaminated, contaminated and dirty abdominal surgical procedures for the purpose of reducing the rate of SSI.

Saline wound irrigation: There is insufficient evidence to recommend for or against saline irrigation of incisional wounds for the purpose of preventing SSI.

Povidone iodine irrigation: Consider the use of irrigation of the incisional wound with an aqueous povidone iodine solution before closure for the purpose of preventing SSI, particularly in clean and clean-contaminated wounds.

Coated sutures: Triclosan-coated sutures maybe used for the purpose of reducing the risk of SSI, independent of the type of surgery.

Wound drains: The wound drain should be removed when clinically indicated. No evidence was found to allow making a recommendation on the optimal timing of wound drain removal for the purpose of preventing SSI.

Advanced dressings: Advanced dressing of any type should notbe used over a standard dressing on primarily closed surgical wounds for the purpose of preventing SSI.

Negative Pressure Wound Therapy: Prophylactic negative pressure wound therapy maybe used on primarily closed surgical incisions in high-risk wounds and, taking resources into account, for the purpose of preventing SSI..

Antibiotic irrigation: Antibiotic incisional wound irrigation before closure should notbe used for the purpose of preventing SSI.

Peri-op antibiotics: Perioperative surgical antibiotic prophylaxis should not be continued due to the presence of a wound drain for the purpose of preventing SSI.

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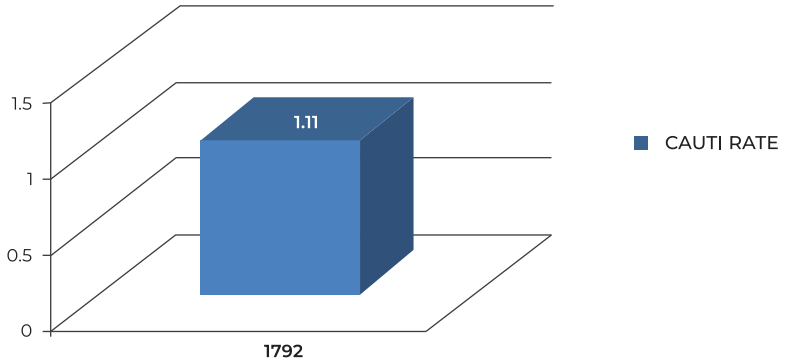
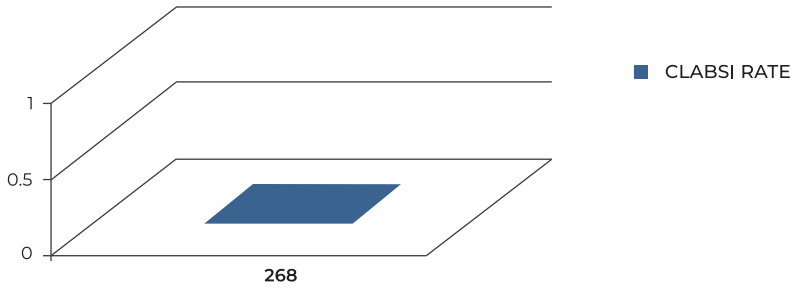
HAI DATA-AUGUST 2023

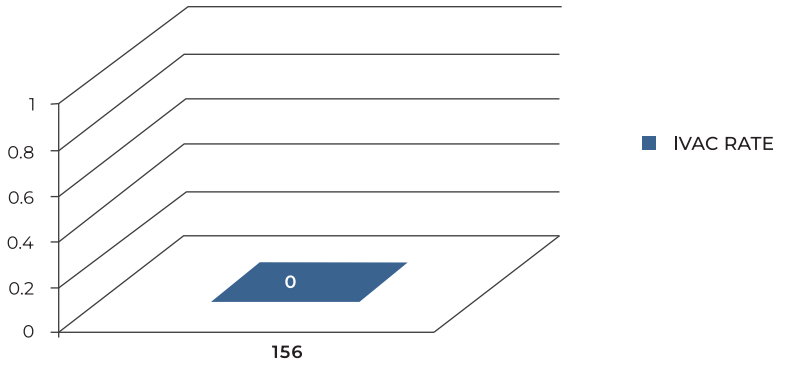
CAUTI RATE



CLABSI RATE



IVAC RATE



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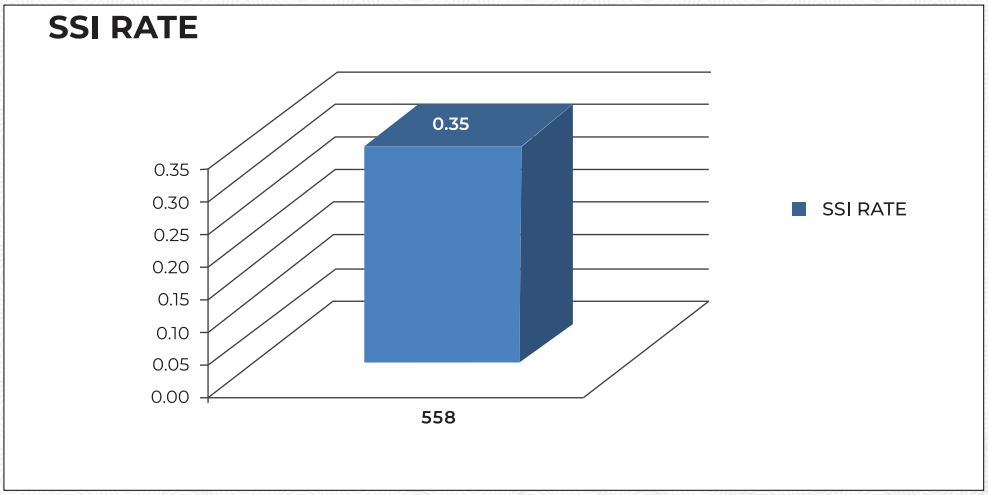
SSI RATE



HAND HYGIENE RATE