

Prävention postoperativer Infektionen WHO Implementierungs - Empfehlung

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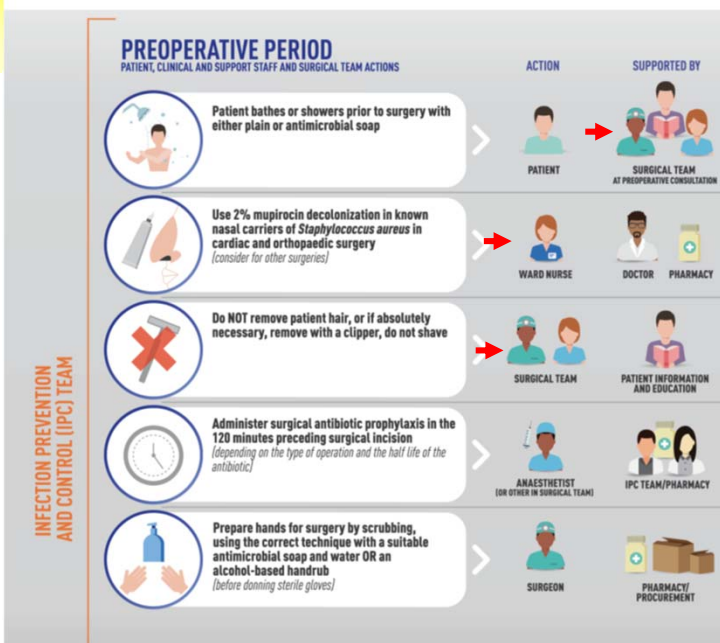
Core member Patient Safety WHO Geneva
President of the Swiss National SSI Surveillance Programm
And Swiss Reference Center for Prevention of Nosocomial Infections



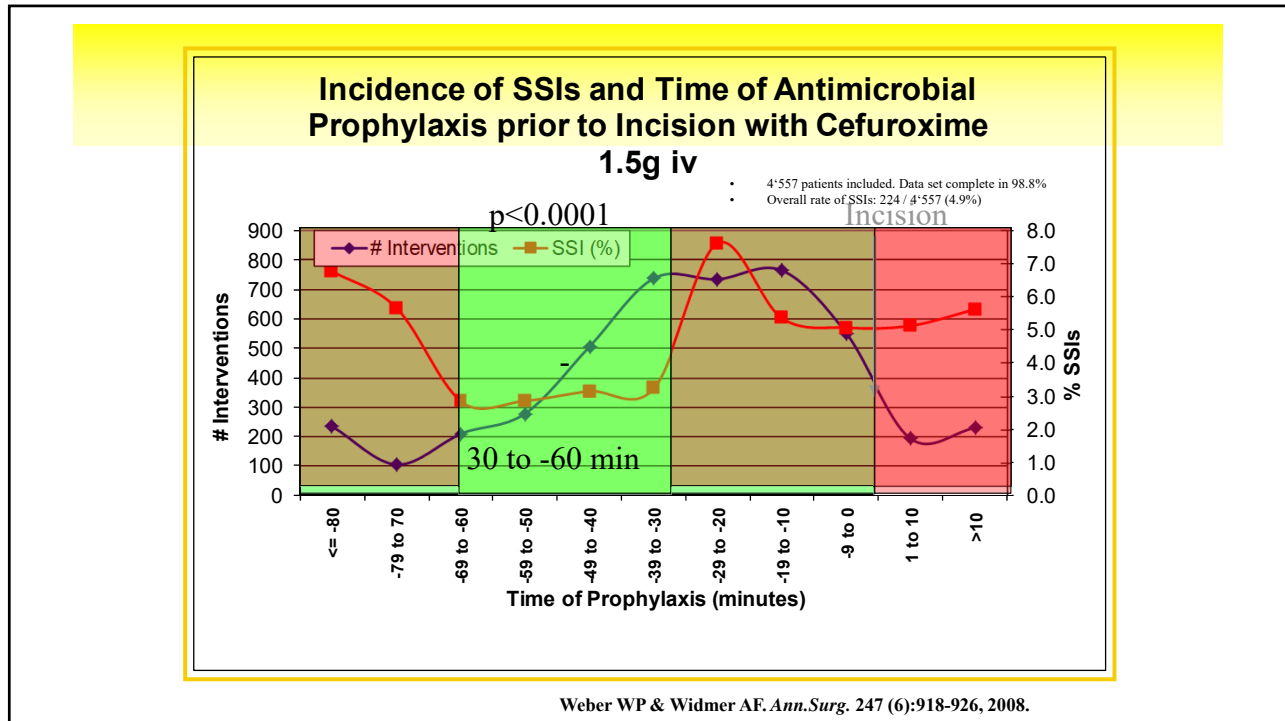
www.swissnoso.ch


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Figure 1.1.a
Surgical Site Infection Prevention Recommendations



Übersicht





SURGICAL SAFETY CHECKLIST
(DRAFT)

SAFE SURGERY SAVES LIVES
GLOBAL PATIENT SAFETY CHALLENGE
WORLD HEALTH ORGANIZATION

TIME OUT - PRIOR TO SKIN INCISION, THE FOLLOWING ITEMS MUST BE COMPLETED:

- SURGEON, NURSE, AND ANAESTHESIA PROFESSIONAL VERBALLY CONFIRM PATIENT, SITE, PROCEDURE, POSITION
- ANTIBIOTIC PROPHYLAXIS GIVEN IN LAST 60 MIN NOT APPLICABLE
- ESSENTIAL IMAGING DISPLAYED NOT APPLICABLE

ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ANAESTHESIA TEAM REVIEWS: WHAT ARE CRITICAL RESUSCITATION PLANS, PATIENT-SPECIFIC CONCERNS, IF ANY?
- NURSING TEAM REVIEWS: WHAT ARE THE STERILITY INDICATOR RESULTS, EQUIPMENT ISSUES, OTHER PATIENT CONCERNS?
- OTHER CHECKS: _____

Sign Out - PRIOR TO REMOVAL OF SURGICAL DRAPES, THE FOLLOWING ITEMS MUST BE COMPLETED:

- SURGEON REVIEWS WITH ENTIRE TEAM:
 - WHAT PROCEDURE WAS DONE
 - IMPORTANT INTRA-OPERATIVE EVENTS
 - MANAGEMENT PLAN
- ANAESTHESIA PROFESSIONAL REVIEWS WITH ENTIRE TEAM:
 - IMPORTANT INTRA-OPERATIVE EVENTS
 - RECOVERY PLAN
- NURSE REVIEWS WITH ENTIRE TEAM:
 - INSTRUMENT AND SPONGE COUNTS
 - SPECIMEN LABELLING (INCLUDING PATIENT NAME)
 - IMPORTANT INTRA-OPERATIVE EVENTS/RECOVERY PLAN

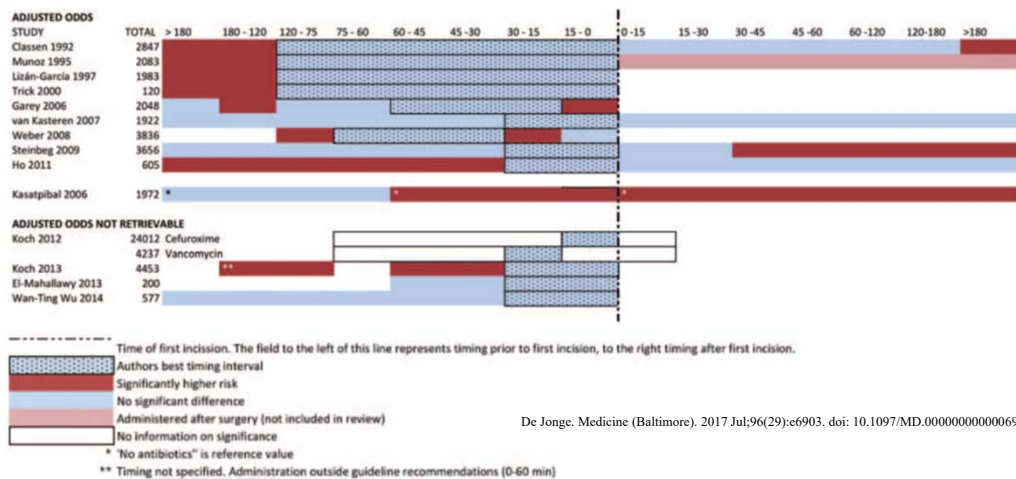
Guideline
WHO Jan 2009

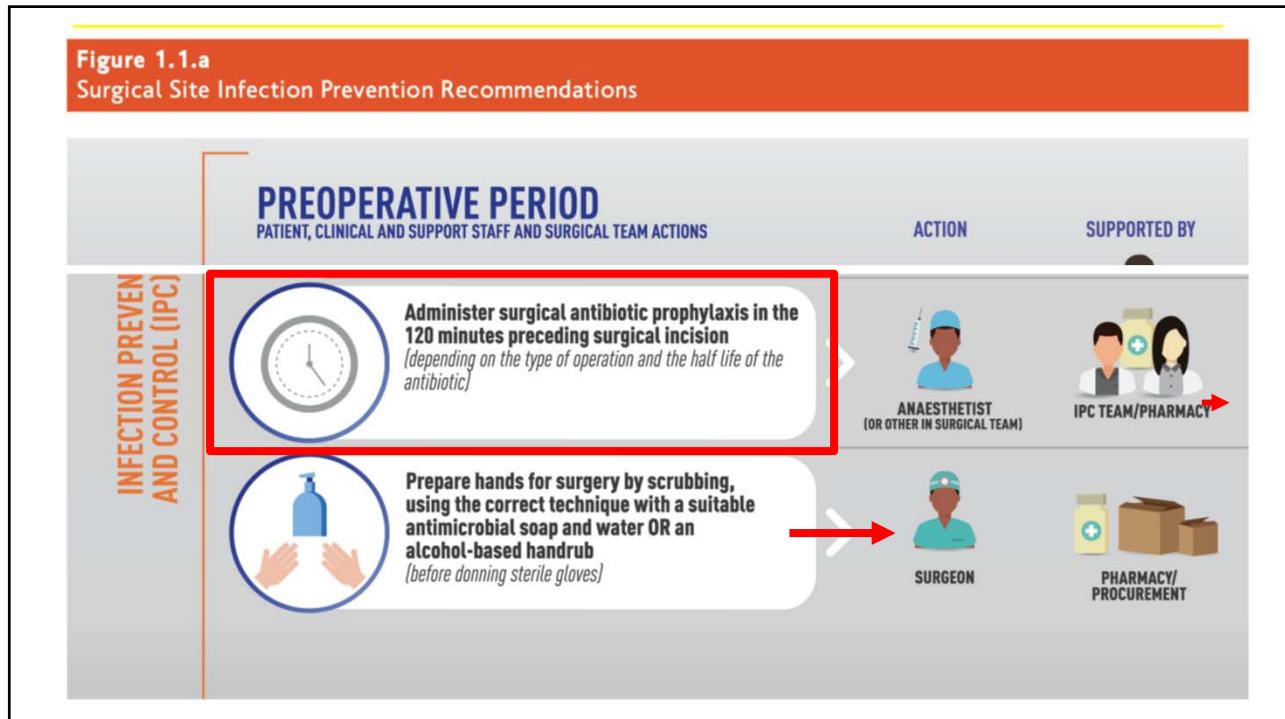
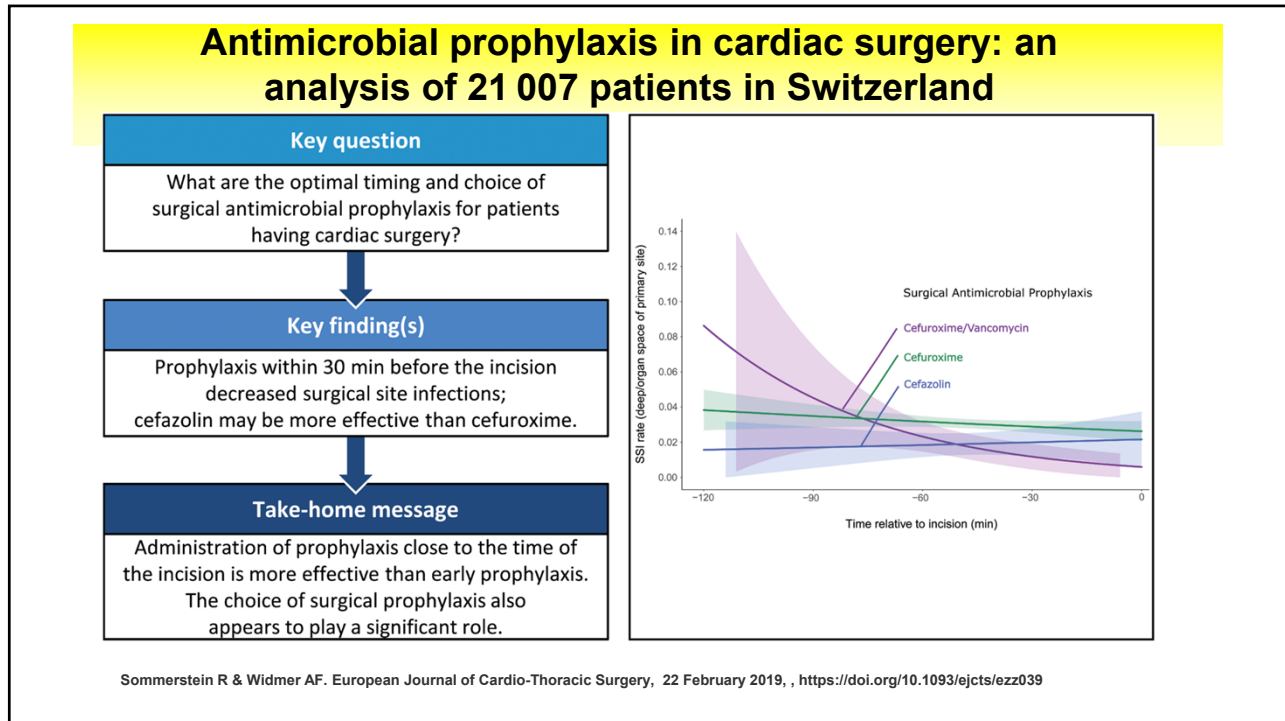
Early versus late administration of surgical antimicrobial prophylaxis on SSIs 0 – 30 vs 30- 60 min

Outcome	SAP in anaesthesia room (early administration) N = 2296†	SAP in operating room (late administration) N = 2300†	Odds ratio (95% confidence interval)	P*
Primary outcome				
Surgical-site infection, n (%)	113 (4.9)	121 (5.3)	0.93 (0.72 - 1.21)	0.601
Superficial incisional	48 (2.1)	55 (2.4)	0.87 (0.59 - 1.29)	0.491
Deep incisional	23 (1.0)	20 (0.9)	1.15 (0.63 - 2.11)	0.642
Organ-space	42 (1.8)	46 (2.0)	0.91 (0.60 - 1.39)	0.673

Weber WP., Widmer AF, Marti W. .Lancet Infect Dis. 2017 Mar

Timing of preoperative antibiotic prophylaxis in 54,552 patients and the risk of SSIs: A systematic review and meta-analysis





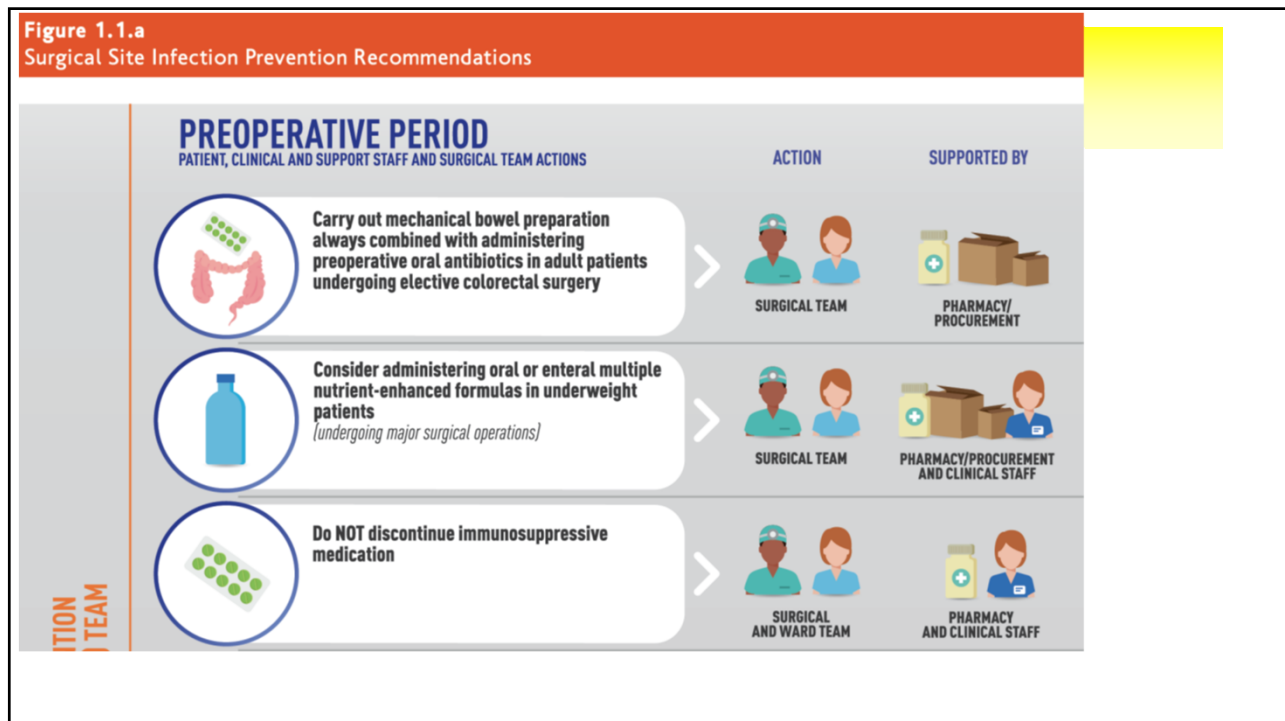
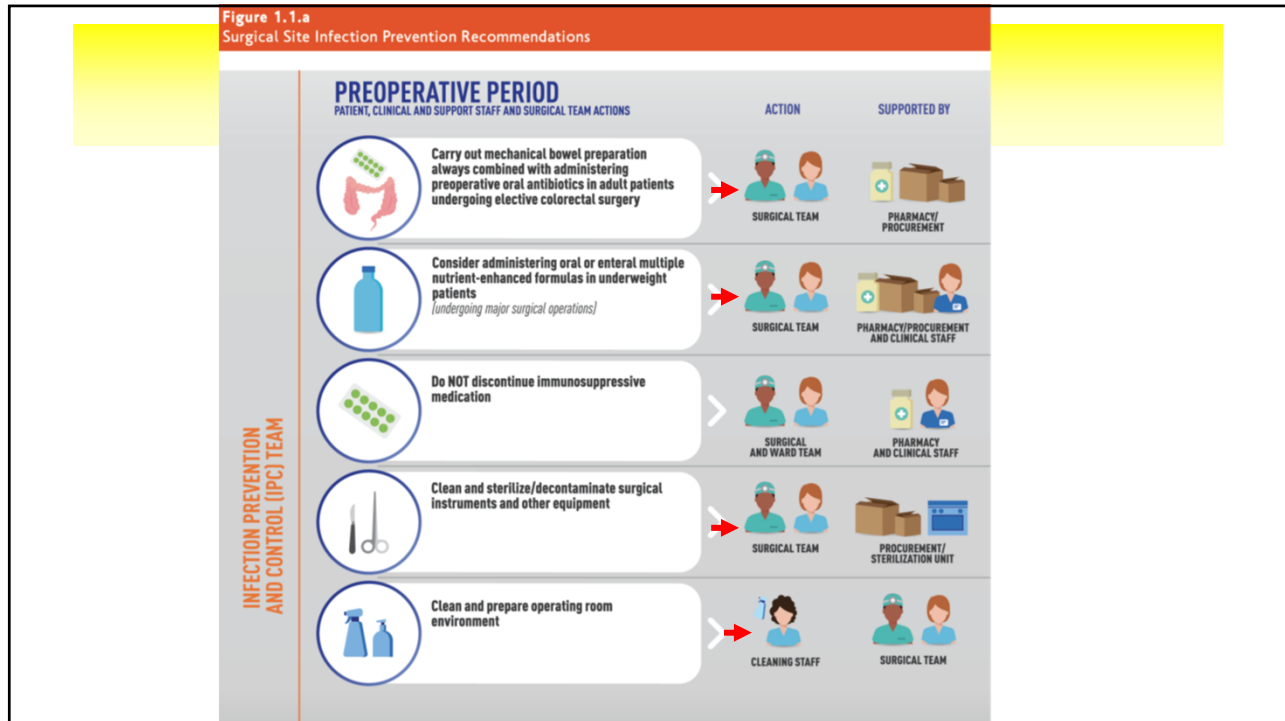


Figure 1.1.a
Surgical Site Infection Prevention Recommendations

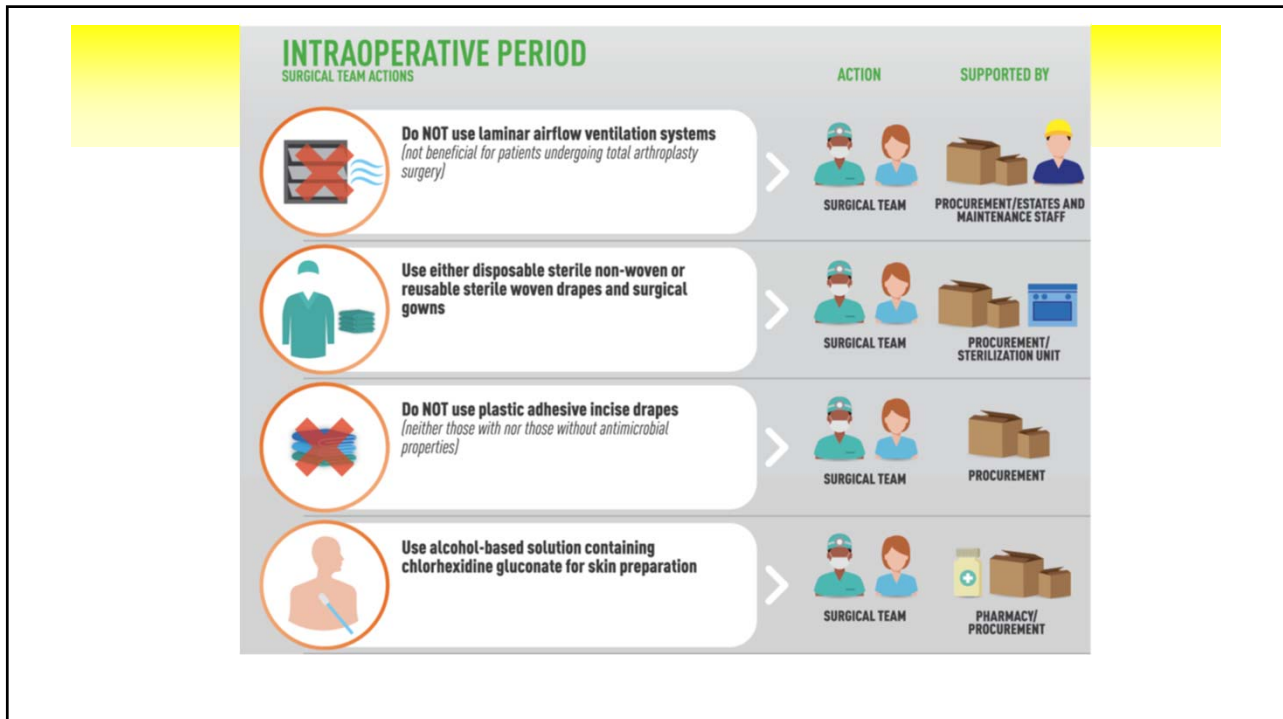
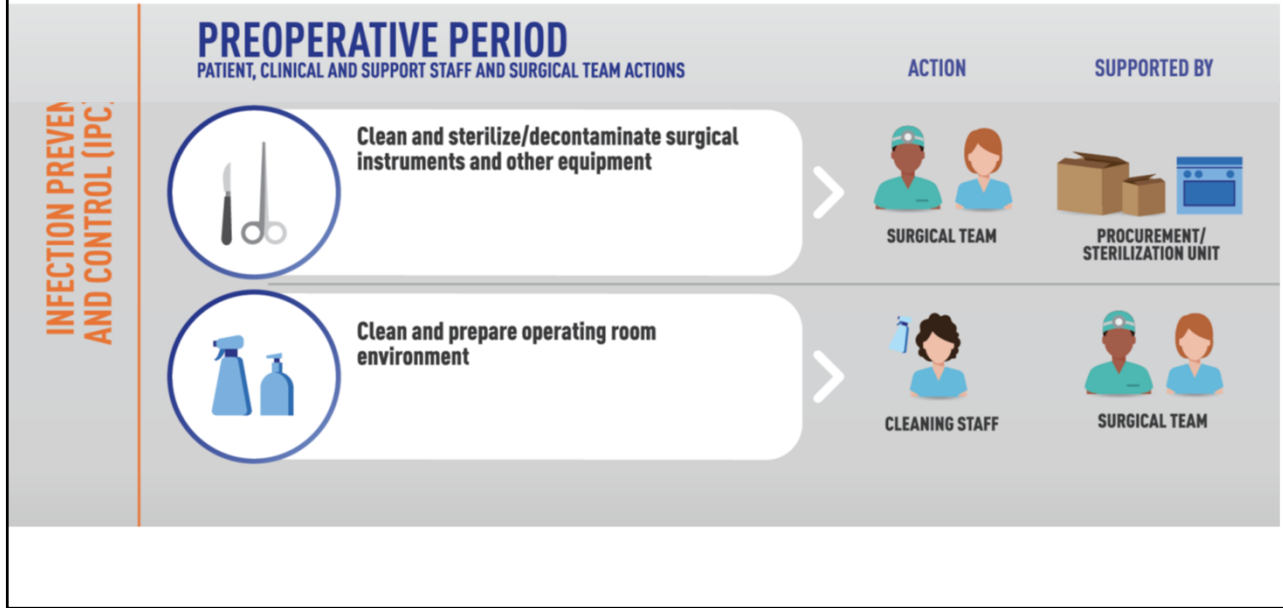


Figure 1.1.b Surgical Site Infection Prevention Recommendations

2018 WHO Guideline

SWKI; laminar air flow
CDC



















PREVENTING SSIs: IMPLEMENTATION APPROACHES FOR EVIDENCE-BASED RECOMMENDATIONS

<http://apps.who.int/iris/bitstream/handle/10665/273154/9789241514385-eng.pdf?ua=1>










INTRAOPERATIVE PERIOD
SURGICAL TEAM ACTIONS

	ACTION	SUPPORTED BY
<p>Do NOT use antimicrobial sealants after surgical site skin preparation</p>	 SURGICAL TEAM	 PROCUREMENT
<p>Administer 80% fraction of inspired oxygen (FiO₂) <i>(in adults undergoing general anaesthesia with endotracheal intubation)</i></p>	 SURGICAL TEAM	 ESTATES AND MAINTENANCE STAFF
<p>Consider using a warming device</p>	 SURGICAL TEAM	 PROCUREMENT
<p>Consider using a protocol for intensive blood glucose control <i>(for both diabetic and non-diabetic adult patients)</i></p>	 SURGICAL TEAM	 CLINICAL STAFF

INTRAOPERATIVE PERIOD
SURGICAL TEAM ACTIONS













	ACTION	SUPPORTED BY
 <p>Consider using goal-directed therapy</p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>
 <p>Consider irrigating incisional wound with an aqueous povidone iodine solution before closure <i>(in clean and clean-contaminated wounds)</i></p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>
 <p>Do NOT perform antibiotic wound irrigation</p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>
 <p>Consider using wound protector devices <i>(in clean-contaminated, contaminated and dirty abdominal procedures)</i></p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>
 <p>Consider prophylactic negative pressure wound therapy <i>(primarily in closed surgical incisions in high-risk wounds)</i></p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>
 <p>Consider using triclosan-coated sutures</p>	 <p>SURGICAL TEAM</p>	 <p>PROCUREMENT</p>

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INTRAOPERATIVE PERIOD

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 <p>Consider using triclosan-coated sutures</p>	 SURGICAL TEAM	 PROCUREMENT
 <p>Maintain asepsis and discipline in the operating room</p>	 SURGICAL TEAM	 CLINICAL STAFF










POSTOPERATIVE PERIOD

SURGICAL TEAM, CLINICAL STAFF ACTIONS

	ACTION	SUPPORTED BY
 <p>Do NOT prolong surgical antibiotic prophylaxis in the postoperative period</p>	 CLINICAL STAFF	 SURGEON PHARMACY AND POLICY (STOPPING DELIVERY)
 <p>Do NOT continue surgical antibiotic prophylaxis due to the presence of a drain</p> <p>Remove wound drain when clinically indicated</p>	 SURGICAL TEAM AND CLINICAL STAFF	 ANTIBIOTIC POLICY IN PLACE
 <p>Administer 80% FIO₂ for 2-6 hours post-op</p>	 WARD NURSE	 DOCTOR PRESCRIPTION (AND PROTOCOL IN PLACE), ESTATES/MAINTENANCE STAFF
 <p>Evaluate and manage wound appropriately, including cleansing, dressing and care, according to the given wound situation</p>	 CLINICAL STAFF	 DOCTOR REVIEW
 <p>Do NOT use advanced dressings of any sort <i>(use standard dressings instead)</i></p>	 WARD NURSE	 PROCUREMENT AND SURGICAL TEAM

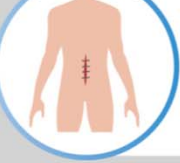





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