

**CULLMAN REGIONAL MEDICAL CENTER  
POLICY AND PROCEDURE MANUAL**

**DEPARTMENT:**           **SURGICAL SERVICES**

**POLICY #:**               **SUR-048-211.01**

**TITLE:**                   **Pre-Procedure Skin Cleansing of Surgical Patients - ADULT**

**EFFECTIVE DATE:**       **August 13, 2018**

**Policy:**

Reducing the amount of bacteria on the skin near the surgical incision lowers the risk of contaminating the surgical incision site. Preventing surgical site infections (SSI) is aligned with the quality and patient safety strategy to provide highly reliable patient care. Therefore, CRMC has adopted these practice recommendations.

**Purpose:**

To ensure patients receive a minimum of one bath with Chlorhexidine Gluconate (CHG) for preoperative preparation of the patient's skin in order to:

- Reduce the risk of the patient developing an SSI by removing soil and transient microorganisms at the surgical site.
- Reduce the resident microbial count to subpathogenic levels in a short period of time with the least amount of tissue irritation
- Inhibit rapid, rebound growth of microorganisms

**Procedure:**

This procedure applies to all patients **18 years of age and older** in the following classifications:

Classification	Minimum Requirement	Definition
Same Day/AM Admit Surgery Patient	One bath/shower night before and one bath/shower morning of surgery. If reapplied, wait 6 hours	Patients who receive pre-surgery information from: Preadmission Testing (PAT) Department, Phone Call, Cath Lab, Anesthesia Clinic, L&D
Inpatient	One bath/shower night before and one bath/shower morning of surgery. If reapplied, wait 6 hours	Admitted patients who have been on the floor for at least 24 hours prior to scheduled surgery
Urgent	One bath before surgery	Patients that require surgery as soon as possible due to clinical condition usually performed within 12-24 hours.
Emergent	Not required, optional if time permits	Patients in which a delay in surgery would constitute a serious risk of loss of life or limb

This procedure **excludes** the following patients:

- Burn
- Emergent with life or limb threatening conditions
- Pain management
- Endoscopy

NOTE: Due to the potential toxicity, avoid use of CHG on head, ears, and eyes of all patients; also, avoid use on breasts of nursing mothers.

**Equipment:**

The following products are recommended:

1. Cleansing kit with 4% CHG bottle and cleansing cloth/sponge
2. 2% CHG Prep Cloths – 3 packs of 2 wipes X 2
3. If allergy/sensitivity to either of the above, an antibacterial soap (i.e. Dial)

**Procedure:**

Classification	Procedure
Same Day/AM Admit Surgery Patient	<ol style="list-style-type: none"> <li>1. Provide CHG Cleansing Kit and patient instructions on bathing based on Body Mass Index (BMI)               <ol style="list-style-type: none"> <li>a. If &lt; 40 BMI, provide one kit</li> <li>b. If ≥ 40 BMI, provide two kits</li> </ol> </li> <li>2. On day of surgery, pre-op holding staff verifies patient completed a minimum of one CHG shower by verbally asking, “Can you please tell me what time you used the CHG to clean your skin before arriving here today?”</li> <li>3. If patient did not have at least one bath and is eligible for bath, perform bath using CHG 2% Prep Cloths X 6.</li> <li>4. Document bath completion on the Pre-Op Checklist.</li> <li>5. Circulating nurse verbally verifies with Pre-Op nurse in handoff that CHG bath/shower is complete before transporting to operating room.</li> </ol>
Inpatient	<ol style="list-style-type: none"> <li>1. Verify that the patient is scheduled for surgery</li> <li>2. Depending on patient ambulatory status, determine type of bath product and degree of patient/family member participation.</li> <li>3. Healthcare worker provides patient CHG product based on ambulatory status and Body Mass Index.               <ol style="list-style-type: none"> <li>a. If patient is ambulatory, provide Cleansing Kit and patient instructions on showering                   <ol style="list-style-type: none"> <li>i. If &lt; 40 BMI, provide one kit</li> <li>ii. If ≥ 40 BMK, provide two kits</li> </ol> </li> <li>b. If patient is non-ambulatory, healthcare worker performs appropriate bath with 2% CHG Prep Cloths.                   <ol style="list-style-type: none"> <li>i. If &lt; 40 BMI, provide 12 wipes</li> <li>ii. If ≥ 40 BMI, provide 24 wipes</li> </ol> </li> </ol> </li> <li>4. Healthcare worker coordinate bed linen change with first bath/shower</li> <li>5. Healthcare worker verify first bath/shower is complete.</li> <li>6. Healthcare worker documents bath completion of CHG bath on Pre-op Checklist and on the “Ticket to Ride” if utilized.</li> <li>7. Pre-op holding staff verbally confirms completion of CHG bath and if not done, healthcare worker performs bath utilizing CHG 2% Prep Cloths X 6.</li> </ol>

	<ul style="list-style-type: none"> <li>• Enter PSO for delay in care if necessary</li> </ul> <p>8. Circulating nurse verbally verifies with Pre-Op nurse in handoff that CHG bath/shower is complete before transporting patient to operating room.</p>
Urgent	<ol style="list-style-type: none"> <li>1. Healthcare worker performs wipe down using CHG 2% Prep Cloths X 6.</li> <li>2. Document wipe down completion on Pre-Op Checklist.</li> <li>3. Pre-Op holding staff verbally confirms completion of CHG bath and if not done, healthcare worker performs wipe down utilizing CHG 2% Prep Cloths X 6.</li> <li>4. Circulating nurse verbally verifies with Pre-Op nurse in handoff that CHG bath/shower is complete before transporting patient to operating room.</li> </ol>
Allergy/Sensitivity to CHG	Follow same processes above, but provide patient with antibacterial soap (i.e. Dial).

**Documentation:**

Document CHG bath/shower on the Pre-Operative Checklist and on the “Ticket to Ride” if utilized.

**References:**

Association of perioperative Nurses (AORN). (2014). Recommended practices for preoperative patient skin antisepsis. In, Perioperative standards and recommended practices (e-version). Denver, CO: AORN

Anderson, D., Podgorny, K., Berrios-Torres, S., Bratzler, D., Dellinger, P., Greene, L., et al. (2014), June). Strategies to prevent surgical site infection in acute care hospitals: 2014 Update. *Infection Control and Hospital Epidemiology*, 35, (6), 605-627.

Bratzler, D.W. (2014, June). HICPAC guidelines on prevention of SSI, 2014. Symposium conducted at the 41<sup>st</sup> Annual Conference of the Association for Professionals in Infection Control and Epidemiology, Anaheim, California.

Berrios-Torres SI, Umscheid CA, Bratzler DW, et al; Healthcare Infection Control Practices Advisory Committee. Centers for Disease Control and Prevention guideline for the prevention of surgical site infection, 2017 [published online May 3, 2017]. *JAMA Surg*. doi: [10.1001/jamasurg.2017.0904](https://doi.org/10.1001/jamasurg.2017.0904)

**REVIEWED:**

**REVISED:**

**RECOMMENDED BY:** Infection Prevention Committee

**APPROVED BY:** QMC