

Neurosurgery

Record ID _____

Please tell us when this form will be filled out within the continuum of care, e.g., admission, pre-op, annual visit, etc.

Hospital of Surgery _____

Surgeon Name _____

(Last, First)

Operating Room Number _____

Pre-Op Infection Reduction

Pre-Op Infection Reduction Steps Recorded

- CHG (DynaheX)/Hibiclens Bath at Home
- CHG Wipes in Pre-Op
- Nasal Mupirocin Pre-Op
- Other Location Mupirocin Pre-Op
- Staph Screen
- Patient Temperature Recorded
- Nutrition
- Skin Integrity Screen

Duration - Nasal Mupirocin _____

Location - Other Location Mupirocin

- G-tube
- Trach
- Mitrofanoff

Poor Nutrition?

- Yes
- No
(BMI < 18.5)

Nutrition Referral/Visit?

- Yes
- No

Open Wound?

- Yes
- No

Pre-Op Antibiotics?

- Yes
- No

IV ABX Within 60' of incision?

- Yes
- No

Pre-Prep & Prep Infection Reduction

Pre-Prep Infection Reduction Steps Recorded

- Betadine
- Alcohol
- Hibiclens
- Chloraprep

Prep Infection Reduction Steps Recorded

- Betadine Scrub
- Betadine Paint
- Chloraprep
- Loban

Surgeon/Techs Preparation

- Water-Aided Hand Scrub Used
- Waterless Hand Scrub Used
- Double-Gloving Used

Number Scrubbed - Water-Aided Hand Scrub Used

Number Scrubbed - Waterless Hand Scrub Used

Number Double Gloved - Double-Gloving Used

Procedure & Post-Op Infection Reduction

Procedures Infection Reduction Steps Recorded

- Bacitracin Irrigation
- Wrap Pump in Antiseptic Sponge After Filling (If Baclofen Pump Procedure)
- Intrathecal Antibiotics (Vanc./Gent./Other)
- Antibiotic Sutures
- Antibiotic Powder in Wounds (Vanc./Baci.)

Post-Op Antibiotics

- Yes
- No