

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS	Office	Hospital	Emergent
Refer surgical patients to PAT (Pre-Admission Testing)	X		
Refer surgical patients to PAT Class (Patient Education)	X		
Obtain history of renal disease, dialysis, immunosuppressant, or steroid use	X	X	X
Obtain smoking history and counsel on smoking cessation if necessary.	X	X	X
Obtain Antibiotic Allergy History	X	X	X
Obtain History of prior skin / soft tissue infection, especially staph aureus.	X	X	X
Perform "Agar" or PCR Screen for MRSA. PAT will screen patients. If screen is positive or if patient has a history of MRSA:	X	X	X
1. Place patient in Contact Isolation Precautions	X	X	X
2. Give patient prescription for Bactroban Nasal preparation (Mupirocin 2%) to use BID in nares for 5 days.	X	X	
3. Instruct patient to use an antibacterial soap (Triclosan 2%) for daily bath and hair wash for 5 days prior to surgery. Examples include Dial soap and Softsoap.	X	X	
4. Use Vancomycin IV for surgical prophylaxis antibiotic.	X	X	X
5. If patient has Vancomycin allergy, may use Daptomycin or consult with Infectious Disease on a case by case basis.	X	X	X
Obtain Pre-Op Blood Sugar for all patients:			
1. HA1C and FSBS	X	X	X
2. Use aggressive glucose control throughout stay.	X	X	X
3. Use insulin infusion protocol as indicated.	X	X	X
Pre-Op Skin Preparations for all patients: PAT will give patient Hibiclens kit and instructions.			
1. 4% CHG (Hibiclens) shower 48 hours prior to surgery	X	X	
2. 4 % CHG shower 24 hours prior to surgery	X	X	
3. 4% CHG shower morning of surgery	X	X	X
Post-Op Bathing Instructions:			
1. Wash incisions daily with antibacterial soap using separate clean washcloth for each wound.	X	X	X
2. Discourage tub bath for at least 3-4 weeks after surgery.	X	X	X