SCIP (Surgical Care Improvement Project)

Prophylactic Antibiotic Received

(Applies to: CABG, Other Cardiac, Hip/Knee Arthroplasty, Colon, Hysterectomy, and Vascular Surgeries)

- Administer preoperative prophylactic antibiotic **within 1hr prior** to surgical incision (or 2hrs if giving Vancomycin or a fluoroquinolone)

Documentation must clearly reflect actual administration and Antibiotic name, Date of administration, Time of administration, Route of administration

Pts with preoperative infections are excluded. Document suspected/diagnosed infections clearly and **prior to procedure. Symptoms (i.e. fever and leukocystosis) do not count.

Prophylactic Antibiotic Selection

(Applies to: CABG, Other Cardiac, Hip/Knee Arthroplasty, Colon, Hysterectomy, and Vascular Surgeries)

- Administer the recommended prophylactic antibiotics for the above applicable surgeries.

See SCIP Antibiotic Table for recommended prophylactic antibiotics
*Document a reason if prescribing Vancomycin as recommended

Utilize the preoperative prophylactic surgery specific antibiotic order forms or the SCIP preoperative antibiotic computer order sets to ensure most current recommended antibiotics are ordered.

Prophylactic Antibiotic Discontinued

(Applies to: CABG, Other Cardiac, Hip/Knee Arthroplasty, Colon, Hysterectomy, and Vascular Surgeries)

- Discontinue prophylactic antibiotics **within 24 hours** of Anesthesia End Time (48hrs for CABG or other cardiac surgery) **or** Within 2 days postop, Document a Reason to Extend Antibiotics (3 days for CABG or other cardiac surgery)
  I.e.: "Antibiotics continued due to suspected infection" or "… ruling out infection"

**Document current suspected/diagnosed infections clearly. Symptoms (i.e. fever, elevated WBC's) do not count.

Cardiac Surgery Pts with Controlled 6AM Postop Blood Glucose

- Control pt's 6AM blood glucose to ≤ 200m/dL on Postop Day 1 (POD1) or Postop Day 2 (POD2).

Suggestion: Maintain and document blood glucose levels throughout the entire postop period.

Surgery Pts with Appropriate Hair Removal (Applies to: All major surgeries)

- Remove surgical site hair by clippers or depilatory OR Do Not perform hair removal.

Clearly document actual hair removal or that hair removal was not done. (No Shaving!)

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Beta-Blocker Therapy (Applies to: All major surgeries)

- Patients who are on daily Beta Blocker therapy ***prior to arrival*** must receive a beta blocker within 24 hours prior to incision through PACU stay **AND** on Post op day 1 **AND** Post op day 2 unless a reason for not administering a beta blocker during the perioperative period (day prior to surgery through POD 2 with day of surgery being day zero) is documented. There must be a reason documented by the Physician/PA/NP for *each* perioperative day a beta blocker is not administered.

(Review the medication reconciliation form for beta blockers prior to arrival)

Reasons for not administering:

- Bradycardia (heart rate less than 50 bpm)
- Hypotension (systolic < 100 mm/Hg)
- Concurrent use of intravenous inotropic medications during the perioperative period
- Other specific reasons documented by physician/APN/PA or pharmacist

Suggestion: Include Hold Parameters with the Beta Blocker order. **IF** the nurse holds the Beta Blocker because patient vital signs meet hold parameters, then the patient is excluded from this indicator.

VTE Prophylaxis Ordered and Received
(Applies to: All major surgeries; Includes certain Laparoscopic cases)

(**See table for Recommended VTE Prophylaxis**)

- Order the recommended VTE Prophylaxis (pharmacological and or mechanical) anytime from hospital arrival to 24 hrs after Anesthesia End Time

AND

- Administer the recommended prophylaxis within 24hrs prior to Anesthesia start to 24hrs after Anesthesia End Time (Document administration in the medical record)

OR

- Document a reason within 24 hours after Anesthesia end time for NOT administering mechanical and/or pharmacological prophylaxis.

Urinary Catheter Removed (Applies to: All major surgeries)
Excludes: Urological/gynecological/perineal procedures)
(This indicator counts for Foley catheters inserted from hospital arrival through discharge from the recovery/post-anesthesia care area)

- Remove indwelling urinary catheter on POD 0 through POD 2. **Or** Document a reason on POD 1 or POD 2 for continuing the catheter.

  Reasons to maintain catheter:

  - Pt in ICU **AND** receiving diuretics
  - Patient/family refusal
  - Physician/APN/PA reason documented for continuing catheter postoperatively
    - Reason must be explicitly documented (i.e. "Maintain catheter for strict I&O")
    - A physician order to leave the catheter in place is *not* sufficient. There must be documentation of a specific reason such as "Continue catheter due to total bed rest." Or "Leave Foley in because……"

SCIP

Perioperative Temperature Management

(Includes ALL patients regardless of age. Excludes pts who did *not* have neuraxial/general anesthesia)

- Document Active Warming intraoperatively to maintain normothermia AND/OR Document at least 1 body temperature ≥ 96.8F/36C 30 minutes prior to or 15 minutes after Anesthesia End time;
  Or
- Document Intentional/maintained Hypothermia during the perioperative period.

Active warming modalities accepted include: Forced air warming, conductive warming, resistive warming, warm water garments

Any reference to cardiopulmonary bypass is considered automatic intentional hypothermia.

Intraoperative = From Anesthesia start time to Anesthesia end time

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