Project
Surgical Prophylaxis Auditing

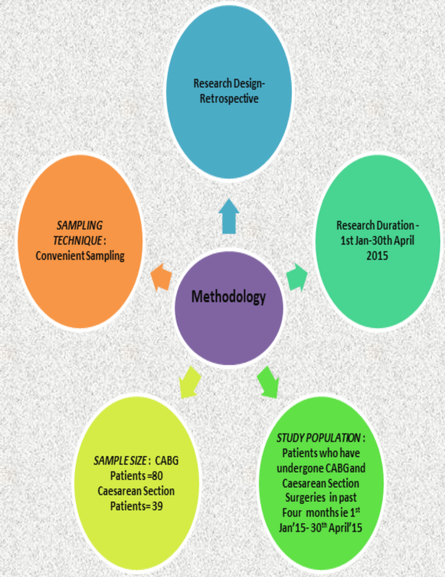
Introduction:-

1. Use of antibiotics to prevent infections at the surgical site .
2. The prevention of infection complications using antimicrobial therapy .
3. Patients should be selected for prophylaxis if the medical condition or the surgical procedure is associated with a considerable risk of infection or if a postoperative infection would pose a serious hazard to the patient's recovery.

Objectives:-

A) To assess the importance of Surgical Prophylaxis Auditing for controlling infections post surgery.

B) To Check the compliance regarding CABG and Caesarean Section Surgeries against various standards.



Analysis:-

>To look for the factors on which the compliance rate of Surgical Prophylaxis of CABG patients from Jan2015-April 2015 depends:

1)Type of Drug

2)Time Gap should be between 15-60mins

3)Whether Antibiotic Stopped 72hrs Post Surgery.

4)Whether Antibiotic Given at discharge

5)Whether Re-dosing done if the surgery was greater than 4 hrs.

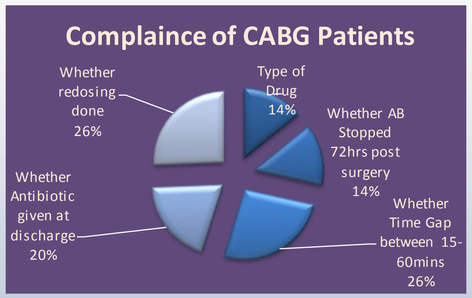
>To look for the factors on which the compliance rate of Surgical Prophylaxis of LSCS patients from Jan2015-April 2015 depends:-

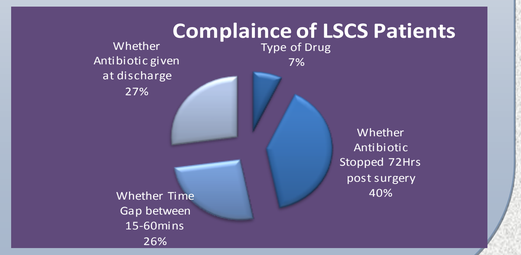
1)Type of Drug

2)Time Gap should be between 15-60mins

3)Whether Antibiotic Stopped 72hrs Post Surgery.

4) Whether Antibiotic Given at discharge





Findings:-

>From the above data, we can say , Surgical Prophylaxis Auditing in Surgical procedures is Advisable for preventing infections.

>Main non compliances were Prolonged antibiotic duration, inappropriate selection of antibiotic for the surgery which needs prophylaxis.

>CABG Patient Findings

1)Antibiotic stopped 72hrs post surgery was less in case of CABG patients.

2) Re-dosing of antibiotics is given to patients whose duration of surgery is more than 4 hours.

>LSCS Patients Findings

1)The Compliance Rate of LSCS patients for the type of drug given was only 17.94%.

2) Commonly used antibiotics were Cefuroxime, Ceftriaxone, Ceftizoxime, metronidazole etc.

Recommendations:-

>International guidelines advocate the use of narrow spectrum use of antibiotics for surgical prophylaxis.

>Cefazolin should be generally viewed as the first choice in clean operations which provides adequate coverage for many clean contaminated operations.

>Non adherence was mostly due to inappropriate choice of drug and use of antimicrobial prophylaxis for longer duration, Deep evaluation of barriers that may hinder universal implementation of guidelines is warranted and solutions to increase adherence should be encouraged.

>Interactive workshops to address current controversies and solutions to overcome the compliance barrier are useful for enhancing surgical staff commitment towards hospital guidelines.

>Auditing antibiotic use against agreed standards should be seen as a quality indicator to decrease the rate to Surgical Site infections

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