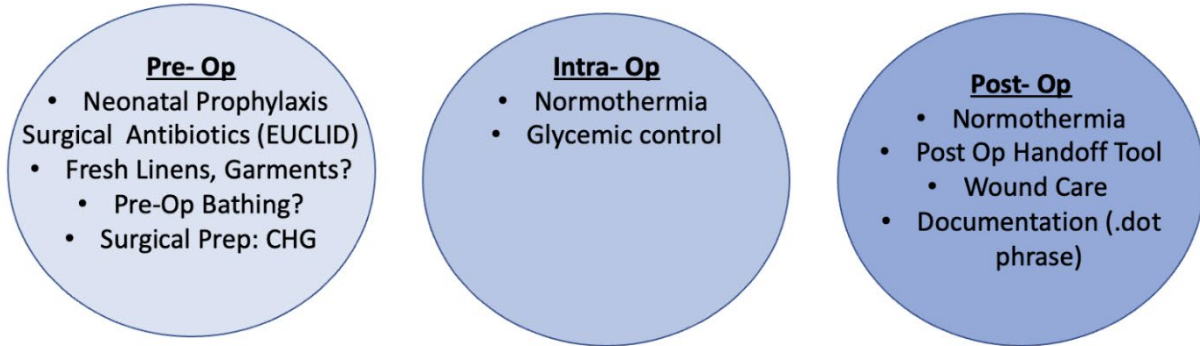


UCD NEONATAL SSI Prevention Bundle Checklist

G Tubes, Ostomy/MF, & Ostomy Reversal



Nursing Check List:

Pre- Op (Day of surgery)	<input type="checkbox"/> Clean Linens and Garment <input type="checkbox"/> Ok to do Soap Bath
Post- Op (Pick up in OR)	<input type="checkbox"/> Ensure normothermia for transport protocol is followed
Post Op (Upon Arrival to NICU)	<input type="checkbox"/> ICU-OR Handoff Tool Used <input type="checkbox"/> Check temp and Glucose <input type="checkbox"/> Confirm Wound Care Plan <input type="checkbox"/> Daily Wound Checks, if concern, use .SSINICUPEDSURG to document

Provider Check List:

Pre- Op (Day of surgery)	<input type="checkbox"/> Confirm Prophylactic Antibiotic Plan
Post Op (Upon Arrival to NICU)	<input type="checkbox"/> ICU-OR Handoff Tool Used <input type="checkbox"/> Use .NICUPOSTOP Note Template for post op documentation <input type="checkbox"/> Confirm Wound Care Plan <input type="checkbox"/> Daily Wound Checks, if concern, use .SSINICUPEDSURG to document

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