

**Colorectal Surgical Site Infection Bundle Checklist - *Individual Patient***

**Patient Details:** **Date: \_\_/\_\_/\_\_\_\_**

**YES NO**

2% Chlorhexidine prep? [ ] [ ]

*If NO, give reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wound protector? [ ] [ ]

Antibacterial suture for deep layer? (PDS Plus) [ ] [ ]

Antibacterial suture for skin? (Monocryl Plus) [ ] [ ]

Did operation last for more than 4 hours? [ ] [ ]

*If YES was a second dose of antibiotic given?* [ ] [ ]

***(Remind the surgeon!)***