



HAI BUNDLE

Patient Details (Affix Label here)	
Name:	
UHID:	
DOB:	Sex:
DOA:	
Consultant:	

SURGICAL SITE INFECTION

Ward :	Contact No :	Consultant Name :
Diagnosis :		Surgeon Name :
Surgery / Procedure :		ASA GRADE : 1 2 3 4 5 E
DOA :	DOS :	DOD :
Diabetes :	HB A1C	Pre op FBS : mg/dt Time :
Weight / BMI :		

PRE OPERATIVE PREPARATION

S.NO:	CRITERIA	DATE	TIME	RN NAME
1	Pre operative chlorhexidine bath (Previous day of surgery) - 1			
2	Pre operative skin preparation (Previous day of surgery)			
3	Pre operative chlorhexidine bath (On the day of surgery) - 1			
4	Pre operative chlorhexidine mouth wash gargle (on the day of surgery)			
5	Sterile preparation (before shifting to OT)			

TO BE FILLED BY OT NURSE

Incision Time :	Duration of Surgery :	
1ST DOSE OF ANTIBIOTICS DETAILS		
TIME	DRUG NAME	DOSE

POST OPERATIVE ANTIBIOTICS DETAILS

DRUG NAME	DOSE	FREQUENCY	FROM	TO	TOTAL DOSAGES