**Prophylactic Abx Received Within 1hr Prior to Incision:**
- Incision Time must be clearly documented.
  - Usually found on Anesthesia Record
- Documentation of abx name, date, time, and route prior to incision.
  - Found on Anesthesia Record

*Note:*
- 2hrs is acceptable for patients receiving vancomycin or a fluoroquinolone.
- This is excluded for patients with documentation of a pre-op infection prior to surgical incision time.

**Prophylactic Abx Selection:**
- Prophylactic Abx prescribed must be consistent with current guidelines, specific for the type of procedure.
  - Please refer to attached page for list of appropriate prophylactic abx according to procedure.

*Note:*
- This is excluded for patients with documentation of an active pre-op infection prior to surgical incision time.

**Hair Removal:**
- Appropriate hair removal includes clippers, depilatory, or no hair removal.
- Shaving is only considered appropriate for the scalp following a current traumatic head injury, or for procedures involving the scrotal area.

**Urinary Catheter Removal:**
- Urinary Catheter placed from arrival time should be removed by POD 2.
- If Catheter is not removed by POD 2, reason to continue the catheter should be clearly documented on POD 1 or POD 2. Documentation on POD 0 will not be accepted.
- Documentation of reason to continue catheter must be made by an MD/APN/PA.

**Examples of Reasons to Continue Catheter:**
- Continue Foley for accurate I&O
- Continue Foley – patient is to return to surgery on ______

**Beta Blocker Received During the Perioperative Period:**
- If patient is currently on daily beta-blocker therapy prior to admission, there must be documentation that the patient received a beta-blocker during the peri-op period.
- The peri-op period is defined as 24hrs prior to surgical incision through discharge from PACU. If the patient is discharged directly to the ICU, then the peri-op period ends 6 hours after arrival to the ICU.

*Note:*
- Reasons for not administering beta-blocker during the perioperative period must be documented by MD/APN/PA. If reason is documented outside of the peri-op period, the documentation must clearly be in reference to the peri-op period.
Examples:
- Documentation of a heart rate <50 bpm during the peri-op period is acceptable;
- documentation of “Bradycardia” alone is not acceptable.
- Parameters such as: “Hold atenolol for SBP<100” is acceptable as long as nursing documents this being the reason for not administering.
- “Pt hemodynamically unstable- hold beta-blocker”.

VTE Prophylaxis Ordered and Given Timely:
- Guidelines require that patients receive recommended mechanical and pharmacological VTE prophylaxis according to procedure performed.
- Please refer to attached page for list of appropriate VTE measures according to procedure.
- To be considered timely, these must be applied/administered within 24hrs prior to anesthesia start time or within 24hrs after anesthesia end time.

Note:
- If patient does not receive appropriate and timely VTE prophylaxis, documentation of a reason/contraindication for this must be found with 24hrs prior to anesthesia start time or within 24hrs after anesthesia end time.

Examples:
- Patient refusal
- High bleeding risk
- Continuous IV heparin therapy
- Preadmission warfarin
- Administration of blood products documented in “timely” timeframe
- Excessive blood loss

-Please visit www.qualitynet.org for more information
## Prophylactic Antibiotic Regimen Selection for Surgery

<table>
<thead>
<tr>
<th>Surgical Procedure</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip/Knee Arthroplasty</td>
<td>Cefazolin or Cefuroxime or Vancomycin** If β-lactam allergy: Vancomycin* or Clindamycin*</td>
</tr>
<tr>
<td>Colon</td>
<td>Cefotetan, Cefoxitin, Ampicillin/Subactam Ertapenem† OR Cefazolin or Cefuroxime + Metronidazole If β-lactam allergy: Clindamycin + Aminoglycoside, or Clindamycin + Quinolone Clindamycin + Aztreonam OR Metronidazole with Aminoglycoside</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>Cefotetan, Cefazolin, Cefoxitin, Cefuroxime, or Ampicillin/Subactam If β-lactam allergy: Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam OR Metronidazole + Aminoglycoside or Metronidazole + Quinolone</td>
</tr>
</tbody>
</table>

### Special Considerations

*For cardiac, orthopedic, and vascular surgery, if the patient is allergic to β-lactam antibiotics, Vancomycin or Clindamycin are acceptable substitutes.

**Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use (see data element Vancomycin)**

† A single dose of ertapenem is recommended for colon procedures.
## VTE Prophylaxis Options for Surgery

<table>
<thead>
<tr>
<th>Surgery Type</th>
<th>Recommended Prophylaxis Options*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intracranial Neurosurgery</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Intermittent pneumatic compression devices (IPC) with or without graduated compression stockings (GCS)</td>
</tr>
<tr>
<td></td>
<td>• Low-dose unfractionated heparin (LDUH)</td>
</tr>
<tr>
<td></td>
<td>• Low molecular weight heparin (LMWH)**</td>
</tr>
<tr>
<td></td>
<td>• LDUH or LMWH** combined with IPC or GCS</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Low-dose unfractionated heparin (LDUH)</td>
</tr>
<tr>
<td></td>
<td>• Low molecular weight heparin (LMWH)</td>
</tr>
<tr>
<td></td>
<td>• Factor Xa Inhibitor (Fondaparinux)</td>
</tr>
<tr>
<td></td>
<td>• LDUH or LMWH or Factor Xa Inhibitor (fondaparinux) combined with IPC or GCS</td>
</tr>
<tr>
<td>General Surgery with a reason for not administering pharmacological prophylaxis</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Graduated Compression stockings (GCS)</td>
</tr>
<tr>
<td></td>
<td>• Intermittent pneumatic compression devices (IPC)</td>
</tr>
<tr>
<td>Gynecologic Surgery</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Low-dose unfractionated heparin (LDUH)</td>
</tr>
<tr>
<td></td>
<td>• Low molecular weight heparin (LMWH)</td>
</tr>
<tr>
<td></td>
<td>• Factor Xa Inhibitor (fondaparinux)</td>
</tr>
<tr>
<td></td>
<td>• Intermittent pneumatic compression devices (IPC)</td>
</tr>
<tr>
<td></td>
<td>• LDUH or LMWH or Factor Xa Inhibitor (fondaparinux) combined with IPC or GCS</td>
</tr>
<tr>
<td>Urologic Surgery</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Low-dose unfractionated heparin (LDUH)</td>
</tr>
<tr>
<td></td>
<td>• Low molecular weight heparin (LMWH)</td>
</tr>
</tbody>
</table>
### Elective Total Hip Replacement

Any of the following started within 24 hours of surgery:
- Low molecular weight heparin (LMWH)
- Factor Xa Inhibitor (Fondaparinux)
- Warfarin
- Oral Factor Xa Inhibitor (Rivaroxaban)

### Elective Total Knee Replacement

Any of the following:
- Low molecular weight heparin (LMWH)
- Factor Xa Inhibitor (Fondaparinux)
- Warfarin
- Intermittent pneumatic compression devices (IPC)
- Venous foot pump (VFP)
- Oral Factor Xa Inhibitor (Rivaroxaban)

### Hip Fracture Surgery

Any of the following:
- Low-dose unfractionated heparin (LDUH)
- Low molecular weight heparin (LMWH)
- Factor Xa Inhibitor (Fondaparinux)
- Warfarin
- Oral Factor Xa Inhibitor (Rivaroxaban)

### Elective Total Hip Replacement with a reason for not administering pharmacological prophylaxis

Any of the following:
- Intermittent pneumatic compression devices (IPC)
- Venous foot pump (VFP)

### Hip Fracture Surgery with a reason for not administering pharmacological prophylaxis

Any of the following:
- Graduated Compression Stockings (GCS)
- Intermittent pneumatic compression devices (IPC)
- Venous foot pump (VFP)

* Patients who receive neuraxial anesthesia or have a documented reason for not administering pharmacological prophylaxis may pass the performance measure if either appropriate pharmacological or mechanical prophylaxis is ordered.

** Current guidelines recommend postoperative low molecular weight heparin for Intracranial Neurosurgery.