



International Federation of Perioperative Nurses

IFPN Guideline for Skin Preparation of the Surgical Patient

Scope of Guideline:

The practice environment where the surgical patient is treated.

Scope of Responsibility:

Medical, nursing or clinical staff undertaking the patient skin prep.

Rationale/Purpose:

To reduce the potential for post-operative wound infection by comprehensive cleansing and disinfection of the patient's skin prior to surgical intervention.

GUIDELINE 1:

THE OPERATIVE SITE AND SURROUNDING AREAS ARE CLEAN Criteria

1. Dirt and debris are removed before patient arrival in the operating room by as appropriate:
 - Patient shower or sponge
 - Cleansing the operative site

Rationale: Removal of superficial soil, debris and transient microbes before applying the anti-microbial agent(s) reduces the risk of wound contamination by decreasing organic debris on the skin

2. Assessment and documentation of the operative site is made before the skin is surgically prepared eg.:
 - Skin integrity
 - Presence of lesions - moles, warts, rashes etc

Rationale: Inadvertent removal traumatises the skin and creates potential for wound colonisation by micro-organisms

3. Hair removal from operative site occurs only if necessary. Determining factors include:

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1006	1995	May 2019	Every 4 years	May 2023



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- Amount of hair
- Location of incision
- Type of surgical procedure to be performed
- 4. Where hair removal is indicated the removal is performed:
 - According to the surgeons orders or facility policy
 - By skilled personnel
 - In a manner that ensures skin integrity is preserved
 - Clippers and/or depilatory agents are recommended (skin testing is required before using depilatory agents)
 - Shaving is undertaken only when other methods not available - wet shaving is preferable
 - As close to the time of surgery as possible
 - To minimise the time available for wound colonisation of micro-organisms at the surgical site

GUIDELINE 2:

THE OPERATIVE SITE IS PREPARED WITH AN ANTI-MICROBIAL AGENT

Criteria

1. The anti-microbial agent should have a broad range of germicidal action spectrum, be non-toxic and provide residual protection.
2. Selection of the anti-microbial agent is based on:
 - Patient sensitivity
 - Anti-microbial agents used on skin with a known hypersensitivity reactions may cause adverse patient outcomes - agents may be absorbed by skin or mucous and cause toxic reactions
 - Skin condition at operative site eg.
 - Burn site - normal saline
 - Colostomy site - isolated or covered with anti-microbial soaked sponge
 - Mucous membranes - anti-microbial agent or antiseptic agent only

GUIDELINE 3:

SKIN PREPARATION IS PERFORMED BY SKILLED PERSONNEL

Criteria

1. Skin preparation requires consideration of:
 - Length of initial incision

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- Requirement to extend initial incision and/or make additional incisions
- Drain sites required
- Drape fenestration size
- Preservation of skin integrity
- Maintenance of aseptic technique
- Prevention of pooling/reduction of hazards

GUIDELINE 4:

SKIN PREPARATION IS DOCUMENTED IN THE PATIENTS RECORD

Criteria

1. Record of skin preparation may include but is not limited to:
 - Skin condition/cleanliness
 - Hair removal (if performed) including method of removal and area
 - Skin preparation used i.e. cleansing agent, solvent, antiseptic agent
 - Person undertaking the prep
 - Onset and details of any hypersensitivity reactions

GUIDELINE 5:

Guidelines for skin preparation are included in a readily accessible in Perioperative Unit’s Practice Manual and are reviewed at least bi-annually.

References:

- ACORN (2018) Australian College of Perioperative Nurses: **Standards for Perioperative Nursing in Australia.**
- AfPP (2016) Association for Perioperative Practice: Harrogate UK: **Standards and Recommendations for Safe Perioperative Practice.**

- AORN (2019) American Operating Room Nurses Association: Denver USA: **Guidelines for Perioperative Practice.**

- ORNAC (2017) Operating Room Nurses Association of Canada: **Standards for Perioperative Nursing Practice.**

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