## Figure 1. Surgical Wound Classification Decision Tree No Wound Is there a wound? Classification Is the wound • clean (ie, not infected or inflamed), or • the result of a non-penetrating, blunt trauma? Class I Was the procedure free from entry into respiratory, alimentary, or Clean genitourinary tract? Was the wound primarily closed or drained with closed drainage (eg, bulb drain)? Was the respiratory, alimentary, or genitourinary tract entered under Class II controlled conditions without Clean - evidence of infection or contamination or Contaminated major break in technique (eg, spillage from gastrointestinal tract)? Is the wound fresh, open, or accidental; or • is there gross (ie, visible) spillage from the gastrointestinal tract; or Class III • is there acute non-purulent inflammation present? Contaminated Was there a major break in sterile technique (eq. unsterile instruments used) during the procedure? Is this an old wound with Class IV retained devitalized tissue (eg, gangrene, necrosis), or • existing clinical infection (eg, purulence), or Dirty, Infected perforated viscera? REFERENCES 1. Mangram AJ, Horan TC, Pearson ML; Hospital Infection Control Practices Advisory Committee. Guidelines for prevention of surgical site infection, 1999. Am J Infect Control. 1999;27(2):97-132. Garner JS. CDC guideline for prevention of surgical wound infections, 1985. Supercedes guideline for prevention of surgical wound infections published in 1982. (Originally published in 1985). Revised. Infect Control. 1986;7(3):193-200. Surgical site infection (SSI) event. January 2013. Centers for Disease Control and Prevention. National Healthcare Safety Network. http://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf. Accessed March 20, 2013. Copyright @ AORN, Inc., 2014