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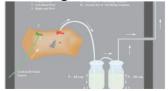
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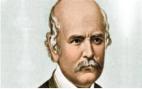
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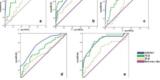
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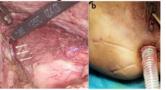
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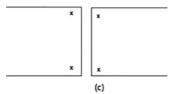
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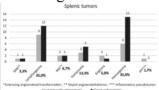
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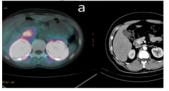
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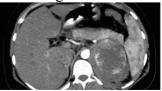
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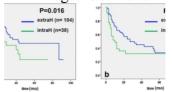
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to increase length of stay at ward.					
IV-3: Incidence of surgical site infections is due to extrinsic factors (i-e precedure, emergency and complexity) and intrinsic factors (i-e history of infection, increased age, recent radiotherapy).	1	2	3	4	5
IV-4: Co-morbidities are involved in the incidence of SSIs.	1	2	3	4	5
IV-5: Obesity is risk factor in the development of SSIs.	1	2	3	4	5
IV-6: Malmutrition is key factor in the development of SSIs.	1	2	3	4	5
IV7: Empiric therapy may lead to surgical site infection.	1	2	3	4	5
IV-8E Inappropriate control of glucose, surgical site hair removal, pre-op bath, preparation of skin, surgical hand soudo, normothermia intraoperative, anabiotics satures and wound protectors can lead to increase chances of surgical site infloctions.	1	2	3	4	5
IV-9: Improper ventilation, contaminated environment and non-sterile sargical equipment are linked with the development of sargical site infections.	1	2	3	4	5
IV the housementate should be outhintics similar and					

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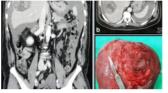
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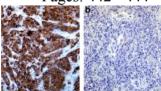
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