

PROCEDURE

ORIGINAL DATE: 09/02

REVISION DATE:

05/13

SUBJECT: HYDROGEL DRESSINGS

PURPOSE: To provide moisture to a minimally draining or dry, decissicated wound.
 To protect and soothe.
 To facilitate autolytic debridement.
 To provide local antimicrobial effect (if using silver impregnated hydrogel.)

Considerations

The main component of hydrogel dressings is water. Most hydrogel dressings require a secondary dressing to secure them. The exception is hydrogel island dressings, a hydrogel dressing covered by a film dressing. Hydrogel dressings are available in different forms- hydrogel contained in tubes, hydrogel impregnated gauze, and hydrogel sheets. Hydrogel dressings are generally contraindicated for use on highly exudative wounds. They are primarily indicated for minimally exudating wounds.

Supplies/Equipment

Clean gloves, wound cleansing or irrigation supplies; a hydrogel impregnated dressing or gauze dressing which is large enough to cover the wound; clean scissors to be used if the dressing needs to be cut to fit a particular area; plastic bags for disposal of old dressing; clean towel to dry the skin after cleansing.

Procedure

1. Follow clean technique procedure for assessment and treatment of the patient including dressing change.
2. Carefully remove and discard old dressing. After hand washing, don appropriate personal protective equipment.
3. Cleanse or irrigate the wound according to the physician's order.
4. Dry the surrounding skin and assess the wound.
5. Apply dressing according to product package insert guidelines and physician's order. If using a hydrogel from a tube, apply either directly from the tube onto a clean dressing (i.e. gauze) then apply to the wound, or use a tongue blade or Q-tip to apply hydrogel directly to the wound bed. Secure with appropriate secondary dressing as

needed making sure that the hydrogel does not exceed the size of the wound bed therefore limiting the risk of maceration.

6. Discard all disposable materials in the plastic bag, assure that it is discarded in a second plastic bag according to HHVNA policy.
7. Clean reusable materials.
8. Document findings and update plan of care as necessary.
9. Follow-up: Change dressing q.o.d. – 3x/week according to physician’s order. Note: If concerned about critical contamination becoming infection, change dressing qd so that the wound may be assessed on a daily basis until signs and symptoms of infection have resolved. Consider using silver-impregnated hydrogel if not originally ordered to decrease bioburden and limit infection risk. Time released silver remains active for 72 hours.

Reference(s):

1. Silvasorb® Product Package Insert, Medline, Inc., 2003
2. Mönlyche Health Care Reference Manual. Mönlyche Health Care, Inc., Newton, PA, February, 2003
3. Mönlyche Health Care Wound Dressing Selection Guide. Mönlyche Health Care, Inc., Newton, PA, February, 2002