

PROCEDURE

ORIGINAL DATE: 09/02

REVISED DATE: 02/08

SUBJECT: WOUND CARE - DRESSING CHANGE

PURPOSE: To describe the procedure used by clinicians to cleanse wounds, promote wound healing, and prevent or treat infection.

CONSIDERATIONS

If the wound is free of infection, consider use of dressing products that minimize dressing change frequency and therefore the possibility for introduction of infectious agents, drying of a moist wound environment and alteration of normal wound bed temperature.

Necessary Equipment	
Clean bandage, scissors, if needed	Sterile Q-tips
Dressings as prescribed	Gloves
Debriders, topical antimicrobials, antibiotics, cleansers as prescribed	Trash bag (double bag)
Tape	

<i>Procedure</i>	<i>Rationale</i>
1. Explain procedure to patient.	To reduce anxiety and obtain verbal consent.
2. Assist patient to a comfortable position, allowing easy access to the wound.	
3. Wash hands, put on examining gloves.	To prevent cross-contamination.
4. Loosen and remove old dressing and discard in double bag.	
5. Remove gloves and wash hands.	
6. Prepare cleansing and dressing materials.	To maintain a clean environment.
7. Don new pair of gloves and cleanse wound as prescribed by physician.	To remove exudate and devitalized tissue.
8. Apply ordered dressing and secure.	
9. Wash hands.	
10. Document wound status: a. Measure each wound and document its length, width and depth at least weekly b. Note the color of each wound as well as the presence of drainage, including its amount, color, consistency and odor each visit.	To provide a clear indication of the status of each wound to effectively evaluate healing.

<i>Procedure</i>	<i>Rationale</i>
<ul style="list-style-type: none"> c. Evaluate for and note new onset or exacerbation of pain. d. Evaluate and note quality of the periwound tissue. e. If the patient is a diabetic, assess for and note any unexplained change in blood sugar level. 	
11. Notify the physician of changes.	

Approved Policy Committee: 02/12/08