# HHF - PROCEDURE

ORIGINAL DATE: 06/07 Revised Date:

## SUBJECT: WOUND CARE - PACKING

**PURPOSE:** To outline procedures to be followed by clinical staff in the course of packing a wound. The purposes of packing a wound are to keep it open, to apply continuous medication and/or to allow it to heal from the inside out.

#### **Considerations:**

- 1. Avoid using cotton lined gauze sponges since the fibers can adhere to the wound's surface.
- 2. Packing should be done gently; over packing can impair circulation and cause pain.
- 3. Packing is done as part of a dressing change; follow the ordered dressing procedure.
- 4. Moist packing facilitates wound healing and should be used whenever possible.

#### **Equipment:**

Q-Tips	Protective eye wear (optional)
Dressing (as needed)	Protective bed pad
Non-cotton lined gauze sponges,	Solution, such as normal saline, and/or
rolled gauze, packing strips	medication
Cotton mesh gauze (optional)	Skin protectant
Gloves	Montgomery straps (optional)
Apron or gown (optional)	Impervious trash bag
Measuring TAPE to measure wounds & the length of measurable packing materials (Measure BEFORE PACKING & UPON REMOVAL)	

## **Procedure:**

- 1. Adhere to Standard Precautions.
- 2. Review the physician's orders.
- 3. Explain the procedure to the patient.
- 5. Using gloves, remove the old dressing. Normal saline may be necessary to loosen the old dressing. Remove tape by pushing skin away from tape.
- 6. Count and measure all removed materials at this time
- 7. Discard soiled supplies according to agency policy.

- 8. Cleanse the wound appropriately per physician's orders.
- 9. Measure and document the length, width and depth of the wound at least every 7 days.
- 10. Observe for:
  - a. Changes in wound size including length, width, and depth.
  - b. Drainage characteristics including type, amount, color, odor percent slough and percent granulation tissue.
  - c. Evidence of wound healing or deterioration.
  - d. Symptoms of infection including redness, swelling, pain, discharge, or increased temperature.
  - e. Development of undermining or a sinus tract that may require packing.
- 10. If ordered, apply the prescribed topical medication or solution to the packing material, e.g., normal saline solution.
- 11. Don clean gloves.
- 12. Using forceps or a Q-tip gently pack the wound with fluffed, non-cotton lined gauze or other dressing material.
- 13. Make note of amount of packing material used for later documentation.
- 14. If packing the wound for mechanical debridement:
  - a. Cotton mesh gauze is a common choice because it has large interstices that readily retain moisture and conform to the wound.
  - b. Fluff the gauze before packing into the wound to maximize surface area.
  - c. Make sure all the wound surfaces are covered and kept moist so that complete debridement can take place.
  - d. Pack the wound only until wound surfaces and edges are covered to prevent maceration of surrounding tissue.
- 15. Apply a new dressing to absorb drainage until the next scheduled change. Absorbent dressing may be used for outer layers of the dressing, if additional absorbency is needed.
- 16. Apply skin protectant to areas to be covered by tape. Allow to dry.
- 17. Secure the dressing with tape. If dressing changes are frequent, Montgomery straps may be used to secure the wound dressing.
- 18. Discard soiled supplies according to agency policy.
- 19. Clean reusable instruments before leaving the home, according to agency policy.

# **After Care:**

- 1. Document in the patient's record:
  - a. The procedure performed.
  - b. The packing used, including:
    - type
    - length (if strip or rope form) or
    - number of items used (i.e. one piece of white VAC foam and one piece of black VAC foam, two pieces of 4X4 gauze, etc.).
  - f. Type and amount of packing removed from the wound.
  - b. The patient's response to the procedure.

- c. The patient's temperature and vital signs.
- d. Wound observations noted in #8 of procedure.
- e. The response of the wound to the prescribed treatment.
- 2. Instruct the patient/caregiver in care of the wound, including:
  - a. Reporting any changes in pain, drainage, temperature, or other signs and symptoms of infection.
  - b. Techniques to change or reinforce dressings. It is not routine to teach lay people to pack wounds.
  - c. Diet to promote healing.
  - d. Medications/disease processes that may be impeding healing.
  - e. Activities permitted.

Approved Policy Committee: 06/12/07