

WOUND CARE DRESSING CHANGE WITH IRRIGATION & PACKING

Student Reference Guide WEST COAST UNIVERSITY

NPSG	Wash hands per CDC guidelines. ➤ Verbalize 20 seconds per CDC hand washing guidelines.
	Provide patient privacy. ➤ Verbalize and physically demonstrate.
NPSG	Introduce yourself.
NPSG	Identify patient correctly using two identifiers (check to chart). ➤ Patient's name and date of birth.
NPSG	Verify allergy status.
	Perform environmental safety check.
	Ensure proper body mechanics.
	Gather all supplies, equipment, and PPE as needed.
Review	Verify MD order and note the type and strength of the ordered irrigation solution. ➤ Obtain correct, irrigation solution per MD order and check expiration date.
	Assess for procedure need. Educate the patient about the rationale of procedure.
Assess & Educate	Assess the patient's condition, including the dressing and wound as well as the pain level. Medicate, if needed, with analgesic 30 minutes before procedure if medication is to be given PO or IM. Explain the procedure to the patient. ➤ If the patient is in pain, perform a pain assessment. ☆ A good pain assessment includes: <input type="checkbox"/> Provoking factors <input type="checkbox"/> Quality of pain. <input type="checkbox"/> Radiation <input type="checkbox"/> Severity <input type="checkbox"/> Timing
Evaluate	Evaluate effectiveness of administered pain medication and current pain level.
Position	Position patient and provide privacy. ➤ Verbalize and physically demonstrate.
	Perform hand hygiene. Apply clean gloves.
Assess	Remove the old dressing, including packing. Assess the dressing noting color, odor, consistency, and amount (COCA) of drainage. Dispose of old dressing in biohazard bag. ➤ MUST verbalize the complete assessment of the old dressing.
Assess	Assess the wound edges and wound bed. Check for and note healthy granulated tissue, exudates, slough, eschar, indurations, swelling, etc. ➤ MUST verbalize assessment of the wound edges and wound bed.
Measure	Using wound measuring tools, measure length, width, depth (using wound measuring tools and sterile cotton swab). Put all disposable tools in biohazard bag. ➤ MUST physically measure with appropriate equipment(s). ➤ MUST verbalize measurements (length, width, depth). Note any undermining or tunneling.
Irrigate	Set up Irrigation supplies. Irrigate wound using gauze pads to catch solution and debris. Pat wound bed with sterile gauze pads as needed. Discard gauze pads in biohazard bag.
NPSG	Wash hands per CDC guidelines.
Sterile Field	Prepare sterile dressing change tray and dressing supplies using sterile technique. Do not cross or turn one's back to the sterile field throughout the procedure. ☆ If sterile technique is broken, please verbalize that you have broken sterile technique to restart the procedure. ○ For validation: The student is given one chance to verbalize break in sterile technique. Ongoing and multiple breaks in sterile technique will result in failure of executing the procedure.
Sterile Technique	Apply sterile gloves. Maintain sterile technique throughout the procedure. Repack wound with sterile dressing using sterile technique. Apply sterile, top dressing.
Dressing	Secure dressing appropriately. Label the dressing with date, time and initials. ○ Write the date, time and initials on a separate piece of tape and apply on top of the dressing ○ Do not write directly on the dressing.
NPSG	Dispose of soiled supplies in biohazard bag.
Safe Environment	Ensure a safe environment returning bed to lowest height with brakes locked and appropriate side rails up, and call light/bell in reach.
NPSG	Wash hands per CDC guidelines

DISCLAIMER: THIS ONLY SERVES AS A REFERENCE GUIDE AND IS NOT THE OFFICIAL VALIDATION CHECKLIST.