**PROCEDURE FOR WOUND DRESSING.**

**PRE-PROCEDURE**

* Knock before entering the person's room.
* Address the person by name.
* Introduce yourself by name and title.
* Explain the procedure before starting and during the procedure.
* Protect the person's rights during the procedure.
* Handle the person gently during the procedure
* Practice hand hygiene.
* Collect the following. • Gloves • PPE (personal protective equipment) as needed • Tape or Montgomery ties • Dressings as directed by the nurse • 4 × 4 gauze • Saline solution as directed by the nurse • Cleaning solution as directed by the nurse• Adhesive remover • Dressing set with scissors and forceps • Plastic bag• Bath blanket
* Practice hand hygiene.
* Identify the person. Check the ID (identification) bracelet against the assignment sheet. Also call the person by name.
* Provide for privacy.
* Arrange your work area. You should not have to reach over or turn your back on your work area.
* Raise the bed for body mechanics. Bed rails are up if used.

**Procedure**

1. Lower the bed rail near you if up.
2. Help the person to a comfortable position.
3. Cover the person with a bath blanket. Fan-fold top linens to the foot of the bed.
4. Expose the affected body part.
5. Make a cuff on the plastic bag. Place the bag within reach.
6. Practice hand hygiene.
7. Put on needed PPE. Put on gloves.
8. Remove tape or undo Montgomery ties. a Tape: hold the skin down. Gently pull the tape toward the wound. b Montgomery ties: fold ties away from the wound.
9. Remove any adhesive from the skin. Pick up a gauze square with the forceps. Wet a 4 × 4 gauze dressing with adhesive remover. Clean away from the wound.
10. Remove gauze dressings. Start with the top dressing and remove each layer. Keep the soiled side away from the person's sight. Put dressings in the plastic bag. They must not touch the outside of the bag.
11. Remove the dressing over the wound very gently. It may stick to the wound or drain site. Moisten the dressing with saline if it sticks 1535 to the wound. Discard the dressing as in step 10.
12. Observe the wound, drain site, and wound drainage.
13. Remove the gloves and put them in the bag. Practice hand hygiene.
14. Open the new dressings.
15. Put on clean gloves.
16. Clean the wound with saline as directed by the nurse.
17. Apply dressings as directed by the nurse.
18. Secure the dressings. Use tape or Montgomery ties.
19. Remove the gloves. Put them in the bag.
20. Remove and discard PPE.
21. Practice hand hygiene.
22. Cover the person. Remove the bath blanket.

**Post-Procedure**

1. Provide for comfort.
2. Place the call light and other needed items within reach.
3. Lower the bed to a safe and comfortable level for the person. Follow the care plan.
4. Raise or lower bed rails. Follow the care plan.
5. Return equipment and supplies to their proper place. Leave extra dressings and tape in the room.
6. Discard used supplies in the bag. Tie the bag closed. Discard the bag following agency policy. (Wear gloves for this step.)
7. Clean your work area. Follow the Bloodborne Pathogen Standard.
8. Unscreen the person.
9. Complete a safety check of the room.
10. Remove and discard the gloves. Practice hand hygiene.
11. Report and record your observations.

**What observations to report and record**:

• What you used to dress the wound and secure the dressing • A red or swollen wound • An area around the wound that is warm to touch • If wound edges are closed or separated • A wound that has broken open • Drainage appearance—clear, bloody, or watery and blood-tinged; thick and green, yellow, or brown • The amount of drainage • Wound or drainage odor • Intactness and color of surrounding tissues • Possible dressing contamination—urine; feces; other body fluids, secretions, or excretions; dislodged dressing • Pain • Fever