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Cross Ref #	Wound Cleansing	Originated:	
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Non-sterile Dressing Change

Purpose: Non-sterile dressings protect open wounds from contamination and absorb drainage.

Policy: Designated staff member will use non-sterile dressing technique for all dressing changes unless otherwise indicated by physician or manufacturer guidelines.
Clean aseptic technique should be used.
In the event of multiple wounds, each wound is considered a separate treatment.

Equipment:

- Disinfectant Solution
- Antiseptic Hand gel
- Normal Saline, or cleansing agent
- 4 x 4's
- Prescribed topical agent or surgical dressing
- Secondary cover dressing if needed
- Scissors
- Tape
- Non- sterile Gloves
- Trash bag
- Linen saver

Steps

Key Points

1. Bring equipment to patient's room. Knock on door.
2. Provide privacy to patient, explain procedure.
3. Prepare a clean, dry work area at bedside. Use disinfectant solution to prepare work surface.
4. Place trash bag at end of bed or within easy reach of working area.
5. Wash hands, apply gloves.
6. Prepare/open dressing items on table. If dressings need to be cut to size, use clean or sterile scissors. Open packages and cut tape. Place initials and date on a piece of tape or on the dressing.
7. Reposition patient to expose area to be dressed. Avoid exposing the patient unnecessarily.
8. Place the linen saver or a towel under the patient.

Optional: Cover work surface with clean dry paper or cloth towel, to prevent contamination of supplies.

Initial and date dressing prior to placement on patient to protect and maintain patients dignity.

When scissors are used, clean with alcohol wipe prior to and after use.

Provide privacy for patient dignity.

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Steps

Key Points

9. Remove soiled dressing, place it in trash bag. Note date on old bandage prior to removal.
10. Remove gloves, wash hands, apply new gloves.
11. Continually monitor patient throughout procedure for response to interventions and episodes of pain.
12. Clean wound with normal saline or prescribed cleanser.
13. Pat the tissue surrounding the wound dry with a 4 x 4.
14. Remove gloves, wash hands, apply new gloves.
15. Assess wound characteristics to determine appropriate interventions.
16. Optional: Trim or clip hair surrounding dressing securement site as needed. Use extreme caution in preventing clippings from falling in wound bed. Upon completion, remove gloves, wash hands, and apply new gloves.
17. Apply liquid barrier film or moisture barrier to periwound area.
18. Apply prescribed topical agent to wound.
19. Apply wound dressing. Wound dressing should cover the entire wound.
20. Tape the dressing in place as indicated. Apply the tape without tension, gently but firmly stroking the surface to maximize adhesion. Tape should extend at least one-half inch beyond the dressing. Tape should not be pulled or stretched when applied.
21. Optional: Apply the tape with date and initials, to the outside of dressing if the secondary dressing is not dated.
22. Reposition patient. Place call light within reach.
23. Discard gloves and all used supplies in trash bag. Remove equipment
24. Wash hands.
25. Discard trash bag in bio-hazardous waste receptacle.
26. Document the dressing change in medical record.

Follow procedure for wound cleansing/irrigating

Dressing removal will be less painful if hair surrounding wound site is clipped prior to application. If scissors are used, clean with alcohol after use.

To prevent tissue maceration and skin stripping when tape is removed.

Exposed wound bed will dry out, and will slow or halt healing.

Ensure adequate seal around the dressing to prevent cooling of wound bed and prevent to contamination.