

WOUND CLEANSING TECHNIQUE

1. Assess patient/resident/client for the presence of pain or a history of pain with wound cleansing and pre-medicate if necessary.

Practice Tip: Pre-medicate at least 30 minutes prior to dressing change.

2. Gather all other additional supplies that are required.
3. Ensure cleansing solution is at least room temperature (20C, 68 F)

Practice Tip: Using a cool/cold cleansing solution to cleanse the wound can lower the wound temperature delaying healing and can cause discomfort for the patient/resident/client.

4. Prepare work surface by placing all required material and dressing within reach. Protect the patient/resident/client and the surface from moisture and contamination with disposable pads or a reusable basin.

Practice Tip: Having supplies within reach assures a smooth procedure for the clinician and the patient/resident/client. Perform hand hygiene following facility/agency guidelines.

5. If required, put on personal protective equipment per facility/ agency guidelines. Don clean gloves.

Practice Tip: Using fluid under pressure can create splash-back

6. Remove the cover dressing. Using forceps or clean gauze, gently remove the wound filler/packing from the wound bed. If wound filler or packing material adheres to the wound, soak with packing with sterile normal saline, sterile water, or wound cleanser. If forceps were used, set them aside as they are now contaminated.

Practice Tip: Removing wound fill/packing that adheres to the wound bed without soaking can cause trauma to the wound bed tissue. If packing material cannot be removed contact the Physician/NP or Wound Clinician. IF wound packing adheres to the wound, reassess the amount of wound exudate and consider a different product or product amount.

7. Remove soiled gloves, perform hand hygiene and don clean gloves.
8. Cleanse the wound using one of the following:
 - At least 100 ml squeezable container designated for wound cleansing; hold top of the container 10-15 cm (4-6 inches) from the wound and squeeze solution over wound bed in a sweeping motion.
 - A bottle of sterile NS or sterile water; gently pour at least 100 mls of cleansing solution over the wound.
 - A 35cc syringe fitted with either a wound irrigation tip catheter or a 19 gauge device and at least 100 mls of cleansing solution.
 - Commercial Wound Cleanser, following manufacturer's instructions or the PI sheet.

Practice Tip: Start at one edge of the wound. Hold the end of the wound irrigation catheter / device/ cleanser or commercial wound cleanser bottle 10-15 cm (4-6 inches) from the wound. Angle the catheter/device/bottle toward the wound bed. Apply full force on the syringe plunger and slowly sweep across the wound bed. Refill the syringe as needed. Repeat the process from the opposite side of the wound.

9. Use clean gauze to gently and firmly remove any loosened slough/debris and wick any excess solution from the wound bed. Use a clean gauze for each wipe, not reuse gauze once soiled.
10. Cleanse the peri-wound skin to remove tape and residue, previous skin barrier, ointments, creams, lotion and/or dry skin.
11. Perform wound assessment and document per facility / agency guidelines.

Practice Tip: This assessment will determine if the wound is healing. Always document changes in condition noted and contact the appropriate Physician or NP if changes to the plan of care are required.

12. Remove Gloves and perform hand hygiene per facility/agency guidelines.
13. Take wound photos per facility/ agency policy.
14. Re-dress the wound using clean technique unless otherwise noted.

Practice Tip: Following written orders, re-apply a clean dressing being sure to follow manufacturer's guidelines for dressing application.