Procedure #3: Applying a Dry Dressing

Wound; Is a break in the normal integrity of the skin and tissue

Purpose of wound Dressing

- 1- TO protect the wound from infection
- 2- TO protect the wound from mechanical injury
- 3- TO provide proper temp
- 4- TO provide proper humidity
- 5- Proper body image
- 6- Enhance wound healing
- 7- Wound assessment
- 8- TO absorb exudates

Equipment

- Medical(clean) and Surgical(sterile) gloves
- Container for proper disposal of soiled dressing
- Sterile 4 x 4 gauze pads

- Water Proof Drape
- ABD pads (optional)
- 2-inch tape (foam or paper)

Action

1. Gather supplies (Gauze sponges, clean gloves, tape, and antiseptic solution are used to change a dry dressing).



- 2. Provide privacy; draw curtains; close door.
- **3.** Explain procedure to client.
- 4. Wash hands/hand hygiene.
- 5. Apply clean exam gloves.
- **6.** Remove dressing and place in appropriate receptacle. Remove soiled gloves with contaminated surfaces inward and discard in appropriate receptacle; apply clean gloves





7. Assess the appearance of the undressed wound bed for healing.



- **8.** Cleanse the skin around the incision if necessary, with a clean, warm, wet washcloth.
 - If the suture line requires cleansing, it should be done gently. Use normal saline, half-strength hydrogen peroxide, or Betadine swab (consult orders of health care provider and/or institution policy regarding antiseptic agents) and cotton-tip applicators using a rolling motion.
 - Used applicators should not be reintroduced into the sterile solution





9. Remove used exam gloves.



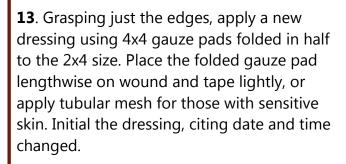
10. Wash hands/hand hygiene.



11. Set up supplies.



12. Apply a new pair of clean exam gloves.







- **14.** Remove gloves and dispose of appropriately, then wash hands/hand hygiene.
- **15.** Conduct client and family education session about the dressing, which may include teaching the dressing technique to the client and family.