

Procedure #6: Irrigating a Wound

PURPOSES

- Before irrigating a wound, determine (a) the type of irrigating solution to be used, (b) the frequency of irrigations, and (c) the temperature of the solution.
- If possible, schedule the irrigation at a time convenient for the client. Some irrigations require only a few minutes and others can take much longer.
- Determine if the client requires premedication for pain or other pain management techniques prior to wound care.

Equipment

- Sterile dressing equipment and dressing materials
- Sterile irrigation set or individual supplies, including:
 - Sterile syringe (e.g., a 30- to 60-mL syringe) with a catheter of an appropriate size (e.g., #18 or #19) or an irrigating (catheter) tip syringe
 - Sterile graduated container for irrigating solution
 - Basin for collecting the used irrigating solution
- Moisture-proof sterile drape
- Moisture-proof bag
- Irrigating solution, usually 200 mL (6.5 oz) of solution warmed to body temperature, according to the agency's or primary care provider's choice
- Goggles, gown, and mask
- Clean gloves Sterile gloves

Preparation

Check that the irrigating fluid is at the proper temperature.

Performance

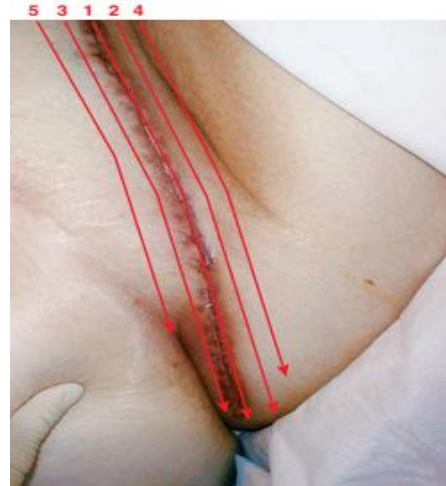
1. Prior to performing the procedure, introduce self and verify the client's identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. Discuss how the results will be used in planning further care or treatments.
2. Perform hand hygiene and observe other appropriate infection prevention procedures.
3. Provide for client privacy
4. Prepare the client.
 - Assist the client to a position in which the irrigating solution will flow by gravity from the upper end of the wound to the lower end and then into the basin.
 - Place the waterproof drape under the wound and over the bed.



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- Apply clean gloves and remove and discard the old dressing.
- If indicated, clean the wound from the cleanest area toward the least clean. If the wound is circular, this would be from the center of the wound outward. For a linear wound, cleanse from top to bottom, beginning in the middle and moving progressively laterally.
- Use a separate swab for each stroke, and discard each swab after use.
- Assess the wound and drainage.
- Remove and discard clean gloves.
- Perform hand hygiene.



5. Prepare the equipment.

- Open the sterile dressing set and supplies.
- Pour the ordered solution into the solution container.
- Position the basin below the wound to receive the irrigating fluid.



6. Irrigate the wound.

- Apply clean gloves.
- Instill a steady stream of irrigating solution into the wound. Make sure all areas of the wound are irrigated.
- Use either a syringe with a catheter attached or with an irrigating tip to flush the wound.
- If you are using a catheter to reach tracks or crevices, insert the catheter into the wound until resistance is met. Do not force the catheter.
- Continue irrigating until the solution becomes clear (no exudate is present).
- Dry the area around the wound.
- Remove and discard clean gloves.
- Perform hand hygiene.



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- 7. Assess and dress the wound.
- Assess the appearance of the wound again, noting in particular the type and amount of exudate still present and the presence and extent of granulation tissue.
- Using sterile technique, apply a dressing to the wound based on the amount of drainage expected
- Remove and discard gloves.
- Perform hand hygiene.

8. Document the irrigation and the client's response in the client record using forms or checklists supplemented by narrative notes when appropriate. Electronic health records will use a designated wound/skin documentation sheet.

SAMPLE DOCUMENTATION

6/5/15 1530 Midline abdominal wound 7 cm with intact sutures except for center 3 cm. open area with moderate amt. thin serosang drainage. Irrigated with NS until clear. Redressed using sterile technique. _____ N.
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