

ACTIVE LEARNING TEMPLATE: *Nursing Skill*

STUDENT NAME _____

SKILL NAME Dressing changes

REVIEW MODULE CHAPTER _____

Description of Skill

Its constitutes one of the most vital nursing care that is done for any type of wounds.

Indications

Partial- or full-thickness wounds
Acute or chronic wounds example venous insufficiency ulcers, pressure ulcers (stage 2-4), diabetic foot ulcers, first- and second-degree burns (superficial and partial-thickness), donor sites, traumatic wounds, surgical wounds, etc.

Outcomes/Evaluation

Proper wound healing

Potential Complications

Infections - periwound dermatitis; tissue necrosis and gangrene;
Bleeding/hematoma;
Edema and periwound edema;

CONSIDERATIONS

Nursing Interventions (pre, intra, post)

Pre-test:
Establish aseptic conditions
Chose the appropriate sterile technique
Obtain the necessary supplies based on the clinical condition of the patient, the cause of the wound, the type of dressing procedure, the goal of care, and agency policy.
Inform the patient on what you intend to do and obtain informed consent to conduct the procedure.
Intra-test:
Explain the procedure step by step to the patient
Assess the wound
Post-test:
Discard all disposable materials used. Disinfect the reusable materials used.
Help the patient to a comfortable position.
Document the procedure and the findings according to the agency policy

Client Education

Instruct on their type of wound, the necessary wound care that they should apply at home, the kind of medication to use in treatment of their condition and the importance of appropriate use of medication and antiseptics.
Instruct and demonstrate on the aseptic technique to apply in changing their wound dressing.

Nursing Interventions

Establish aseptic conditions before performing wound dressing.
Use sterile equipments for performing the procedure.
Apply competences and correct aseptic techniques in carrying on with the procedure.
Arrest any bleedings prior to applying new dressing.
Administer appropriate antimicrobial chemotherapy should infections ensue.
Drain the wound if there are any signs of edema or periwound edema to facillitate proper wound healing.