Standard operating procedure for wound care

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Performance of Wound care authorised by :-

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Introduction

Wound dressings should provide the most optimum conditions for wound healing while protecting the wound from infection with microorganisms and further trauma. It is important that the dressings be removed correctly to avoid further damage to the wound surface during dressing changes.

Dressings are applied to wounds for many reasons:
• To facilitate rapid and cosmetically acceptable healing
• To reduce pain
• To prevent or combat infection and manage biofilm
• To contain exudate
• To remove or contain odour
• To provide maximum comfort for the patient

Wound healing is a dynamic process and the characteristics of a dressing required by the wounds can change as the wound moves through the different phases of the healing process. The wound healing continuum will aid clinical decision-making regarding appropriate dressings at each stage of wound healing.

Equipment

This Wound Management Guide and Dressings Formulary contains details of the agreed dressings resulting from work of the Pan Avon Working Group, which incorporated representation from Bristol, North Somerset and South Gloucestershire (BNSSG) acute, and community organisations plus involvement from NHS supply chain and NHS procurement. The formulary has been developed to benefit from cost efficiencies of all the organisations

working together to agree on one formulary to be used across all sectors. The added advantage for the patient is that there should be seamless care regarding wound care products. The dressing choices offered are found to be effective for the majority of patients with wounds

This Formulary should be used in association with the:

• Aseptic Non Touch Technique (ANTT) policy and guidelines

• Prevention of pressure injuries guidance • Lower limb guidelines and pathways (2020)

• Diabetic foot ulceration standards of care

• Biofilm pathway Aims

• Best practice in wound management

• To guide practitioners to select appropriate dressing choice after holistic assessment.

• Standardisation of appropriate products

• Cost effectiveness

Procedure for carrying out a wound dressing and using an aseptic technique https://www.youtube.com/watch?v=K7eurvHTwyA

1. Explain and discuss the procedure with the patient, ensuring privacy as much as possible.
2. Trolleys should be cleaned with detergent and water then dried to remove any debris, alternatively wipe using a detergent wipe.
3. Assemble all necessary equipment, make sure that all the packaging of sterile equipment is intact and in date.
4. A dispenser of alcohol hand gel should be placed on the lower shelf of the trolley, to allow hands to be decontaminated during the aseptic procedure.
5. Prepare the area.
6. Position the patient.
7. Decontaminate hands
8. Apply disposable apron.
9. Apply clean gloves if required.
10. Loosen the dressing tape.
11. Remove gloves (if used); wash and dry hands or use alcohol gel to cleanse hands.
    If patient consents take photo of wound and save to emis medical notes
12. Open the dressing pack and, using the corners of the paper, create a sterile field. A hand may be placed in the sterile, disposable bag in order to arrange the contents of the dressing pack. This may then be used to carefully remove the used dressing (a large amount of micro-organisms are shed into the air).

13. Invert the bag, ensuring that the contents remain within, and attach to the dressing trolley, using the adhesive strip. Decontaminate hands again if required.
14. Ensure that all necessary items are assembled onto the sterile field including any lotions that may be required. Tip fluids/lotion into containers on the sterile field using a non-touch technique. Ensure that sterile gloves are available and ready for use.
15. Put on sterile gloves.
16. Carry out the procedure.
17. Remove PPE and wash hands.
18. Ensure that all waste is disposed of according to the waste disposal policy
19. Make sure that the patient is comfortable.
20. Wash and dry hands thoroughly.
21 Safety net advice to patient. Advise patient of signs of infection to observe what to do if concerns they have an infection or problems with the wound
22. Document the procedure.
23. Refer to Wound care if needed

NB: Additional steps may be required in the aseptic technique procedure; a risk assessment carried out prior to the procedure will define these e.g. is a wound swab required?

Full details of Clinical Nursing Procedures can be found in the Royal Marsden Hospital Manual of Clinical Nursing Procedures (10th edition). An up-to-date copy of this manual should be kept in all clinical areas, it is also available via the internet (The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 10th Edition

Documentation

Record on Patient medical records :
Code as following:-

- Ardens template available
- Compression bandaging
- Dressing of wound
- Post surgical wound care
- Informed consent from patient
- Consent to medical photography if appropriate
- Document safety net advice given (F12)

References

https://remedy.bnssg.icb.nhs.uk/media/5368/88714-urgo-sirona-wound-management-guide.pdf
https://remedy.bnssg.icb.nhs.uk/adults/dermatology/tissue-viabilitywound-care-service/ -lower limb guidelines

https://www.youtube.com/watch?v=K7eurvHTwyA