

DRESSING W/ DRAIN

➤ indication ➤ supplies ➤ assessment ➤ procedure ➤ document

Pre-skill ☒: ¹Note specific MD orders. ²Allergies are known. ³Supplies & checks. ⁴New PPE if needed. ⁵Room: NOD, HH, 2 p/t IDs, allergies, privacy. ⁶Re-asses p/t pain. ⁷P/t understanding & consent ⁸Bed @ working height.

INDICATIONS

- Surgical sites w/ a drain

SUPPLIES

- Dressing tray
- Sterile gloves (your size)
- Clean gloves
- Pre-cut tape
- Sterile scissors (if no T-sponges avail)
- Prescribed cleansing solution
- Extra sterile 2x2 gauze sponges
- Sterile 4x4 T-Sponges
- Sterile 4x4 Gauze pads
- Mefix
- Extra disposable bed pad
- Sharpie (for dating)

If applicable

- Prescribed ointment
- Irrigation tray or sterile flush

ASSESSMENTS

Prior to entering room

- Review order & correct p/t
- **Review agency policy**
- **PAIN MIN 30M BEFORE**
- Supply checks x3
- Med checks x3 on solutions & ointments
- **Pre-skill checklist complete**

In room

- **PAIN AGAIN**
- Allergies
- P/t understanding
- Old dressing: date, TACO, # of sponges
- Wound: REEDA, sutures, Sx of Inf, dehis, or evis, drain securement
- **Post-skill checklist complete**

DOCUMENT

D: P/t pain lvl b/f start. Old dressing (TACO, date, time, dressing type, # of sponges). Any packing removed. Wound (REEDA, Sx inf/dehis/evis). State of drain attachment. A: Pain (meds given b/f procedure & reassessment). Adt skills (irrigate, packing, ointments) New dressing (dressing type, # & size of pads/sponges, securement) R: How p/t reacted, anything they said P: Teaching provided, questions answered, follow-up instructions given, reassessments to be done & when

Post-skill ☒: ¹P/t comfort. ²Bed to ground & call bell ³Supplies in garbage & sharps. ⁴Gloves off & HH. ⁵Reassess pain. ⁶P/t teaching & answer questions. ⁷Leave & HH. ⁸Document.

PROCEDURE

1. Make sure there is somewhere you can put garbage
2. Clear & clean the area for your sterile field, plan your space
3. **Reposition**: if possible. **account for the flow of gravity while cleaning*
4. Disposable bed pad. Expose only wound site.
 - a. P/t comfort: **they will have to stay in this position so be sure they can maintain it**
5. **HH, clean gloves**, check w/ p/t before starting. **Open communication**
6. **Remove old dressing**: Being very cautious of the drain, stabilize surrounding skin & loosen edges. Gently pull *towards* the drain all the way around. Try to keep the dressing as flat as possible.
 - a. Remove layers of dressing one at a time. Count how many T-sponges used.
 - b. ***Elder alert**: *prevent skin tears, be slow, & don't try removing anything stuck w/out moistening it*
7. **Old dressing assessments**. discard, clean gloves off, & **HH**
8. **Sterile field**: open tray(s). Drape. Open sponges/gauze. Sterile solution for soaking gauze. Use same # of T-sponges.
 - a. Irrigation: separate area for irrigation solution or open flush
9. **HH & sterile gloves** **Cut a line down 4x4 gauze w/ sterile scissors if you don't have T-Sponges*
10. Irrigation: **If ordered: irrigate w/ prescribed solution & be aware of gravity*
11. **Clean incisions**: Toward the drain in 1 swipe w/ soaked gauze or swab, discard & repeat.
 - a. **Order**: Middle, outside, outside. Surgical site = cleaner than peri-area
12. **Clean drain site**: Around drain site clean in a circular motion w/ saturated gauze then discard. Repeat till clean & begin working out in circular swipes.
13. Clean till ill free from all greeblies. **Min 1" beyond where the new dressing will end**.
 - a. Pat dry w/ sterile 4x4 gauze pads or air dry
14. **Clean drain**: From insertion site up the tube at least 5cm that will be covered by the dressing w/ saturated gauze then discard. Repeat till drain clean 360°
15. **Wound & securement assessments**: Report Sx of inf, dehiscence, or evisceration to HCP *immediately*
16. **If applicable**: ¹Collect sample. ²Apply prescribed ointments. ³Skin barrier. ⁴Pack
17. **New dressing**: 1st T-sponge around drain site **careful not to break sterility by touching a dirty part of the drain*.
 - a. 2nd T-sponge in opposite direction around the drain.
 - b. As much sterile 4x4 gauze needed to absorb expected drainage
 - c. Secure w/ Mefix. **Min 1" around sponges**. Drain should not be bent
18. **On a piece of tape write initial, date & time. Now stick it on.**
19. **Post-skill checklist**



TIP: When using forceps & soaked gauze remember to hold your hands like a T-rex

SV
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