

Policy Title:	<i>Wet to Dry Dressing Application</i>	Page	<i>Page 1 of 3</i>
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Cross Ref #	Dressing Change, Wound Cleansing, Liquid Barrier Film	Originated:	
Procedure performed by:		Revised:	
		Reviewed:	

Wet to Dry Dressing

Purpose: Wet to dry dressings are a non-selective method of mechanical debridement of tissue.

Policy: Wet to dry dressings will be applied per physicians order.
Wet to dry dressings will be changed every 4 – 6 hours.
Clean aseptic technique should be used.

Indications:

- Full thickness wounds with 100% softened necrotic tissue

Precautions:

- Contraindicated for granulating wounds
- Not effective for use on dry eschar
- Non-selective debridement may result in removal of healthy tissue, re-injury to wound bed, and pain
- Due to pain upon dressing removal, pre-medication with analgesia may be required
- Fluid evaporation from dressing results in local tissue cooling of wound bed
- Avoid cutting gauze, as small fibers may dislodge from dressing and become embedded in tissue.

Equipment:

- Disinfectant Solution
- Antiseptic Hand gel
- Normal Saline
- Wound irrigation equipment
- Woven open weave cotton 4 x 4's
 - Large wounds use roll gauze
 - Use strip gauze for tunneling or tracts
- Secondary cover dressing
- Tape or securement material
- Skin protectant or Liquid barrier film
- Non- sterile Gloves
- Trash bag
- Linen saver

Steps

Key Points

1. Bring equipment to patient's room. Knock on door.
2. Provide privacy to patient, explain procedure.
3. Prepare a clean, dry work area at bedside. Use disinfectant solution to prepare work surface.
4. Place trash bag at end of bed or within easy reach of working area.
5. Wash hands, apply gloves.

Optional: Cover work surface with clean dry paper or cloth towel, to prevent contamination of supplies.

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Steps

6. Prepare/open dressing items on table. If dressings need to be cut to size, use clean or sterile scissors. Open packages and cut tape. Place initials and date on a piece of tape or on the dressing.
 - Open gauze and moisten with saline
 - Open cover dressing
 - Cut tape
7. Reposition patient to expose area to be dressed. Avoid exposing the patient unnecessarily.
8. Place the linen saver or a towel under the patient.
9. Remove soiled dressing, place it in trash bag. Note date on old bandage prior to removal.
10. Remove gloves, wash hands, apply new gloves.
11. Continually monitor patient throughout procedure for response to interventions and episodes of pain.
12. Irrigate wound with normal saline or prescribed cleanser.
13. Pat the tissue surrounding the wound dry with a 4 x 4.
14. Assess wound characteristics to determine appropriate interventions.
15. Optional: Trim or clip hair surrounding dressing securement site as needed. Use extreme caution in preventing clippings from falling in wound bed. Upon completion, remove gloves, wash hands, and apply new gloves.
16. Apply liquid barrier film or moisture barrier to periwound area.
17. Squeeze out excess saline from pre-moistened gauze, open the gauze and place over the wound bed. The square weaves in the gauze should be in direct contact with wound surface, enabling the necrotic tissue to become trapped in the gauze.
18. Continue filling the wound with moist, fluffed gauze.

Key Points

Initial and date dressing prior to placement on patient to protect and maintain patients dignity.

When scissors are used, clean with alcohol wipe prior to and after use.

Provide privacy for patient dignity.

Follow procedure for wound irrigation. (Irrigation hydrates necrotic tissue and assists in trapping of the tissue into the gauze.

Dressing removal will be less painful if hair surrounding wound site is clipped prior to application. If scissors are used, clean with alcohol after use.

To prevent tissue maceration and skin stripping when tape is removed.

Gauze should be moist NOT WET.

DO NOT overfill the wound and do not apply using pressure

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Steps

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19. Apply appropriate secondary dressing
20. Tape the dressing in place as indicated. Apply the tape without tension, gently but firmly stroking the surface to maximize adhesion. Tape should extend at least one-half inch beyond the dressing. Tape should not be pulled or stretched when applied.
21. Optional: Apply the tape with date and initials, to the outside of dressing if the secondary dressing is not dated.
22. Reposition patient. Place call light within reach.
23. Discard gloves and all used supplies in trash bag. Remove equipment
24. Wash hands.
25. Discard trash bag in bio-hazardous waste receptacle.
26. Document the dressing change in medical record.
27. Removal: Every 4-6 hours. Gauze should be dry upon removal – DO NOT MOISTEN. Firmly pull dried gauze out of wound bed at a right angle.

Ensure adequate seal around the dressing to prevent cooling of wound bed and prevent to contamination

Wet to dry dressing should be discontinued with 50% or more granulation tissue in wound bed or when bleeding occurs upon removal

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