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Diploma in Pharmacy 2nd Year

Hospital & Clinical Pharmacy

Experiment

To perform the wound dressing.

Aim:

To perform the wound dressing.

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Anshu, “Practical Manual of Hospital & Clinical Pharmacy” Published by Nirali Prakashan, Page no 43 – 48

Materials Required

One Kocher or Pean forceps, one dissecting forceps one pair of surgical scissors of one scalpel to excise necrotic tissue and to cut gauze or sutures, sterile compresses, non-sterile disposable gloves, adhesive tape and/or crepe of gauze bandage, sterile 0.9% sodium chloride or sterile water, antiseptic (7.5% povidone iodine scrub solution, 10% povidone iodine dermal solution), paraffin compresses and analgesics.

Theory :

Surgical dressings are made up of various materials applicable to wound or injured or diseased tissues.

Organisation of Care

The risk of infection of the wound or the spread of germs from one patient to another is reduced by proper care organisation, which also helps in maintaining the asepsis rules :

- 1) One room should be allotted for dressings and it should be cleaned and waste removed regularly. The dressing table should be disinfected after each patient
- 2) If the patient's condition requires dressings then it should be applied at the bedside. Clean, disinfected dressing trolley should be used with septic material on the lower tray and sterile and/or clean items (dressing set, additional compresses, etc.) on the upper tray (container for contaminated instruments, sharps disposal container and a container or garbage bag for waste).
- 3) All the required material should be prepared in a well-lit area. Helper should be arranged if required.
- 4) Protective glasses should be used if there is a risk of projection from an cozing wound.
- 5) The dressing procedure should always be started with the patients who have clean, non infected wounds. In case of multiple dressing, the procedure should be started with the cleanest wound.

Procedure

- 1) An analgesic should be given and waited for the drug action before beginning the procedure if the procedure is painful.
- 2) The patient should be placed in private area where he can rest comfortably throughout the process.
- 3) The procedure should be explained to the patient and his/her support should be observed
- 4) The instruments (or sterile gloves) should be changed between the patients.
- 5) The same antiseptic should be used for all the care of one patient to avoid drug interaction.

Removal of an Old Dressing

- 1) Hands should be washed with normal soap or disinfected with an alcohol- based hand rub.
- 2) Non-sterile gloves should be used and the adhesive tape, bandage and superficial compresses should be removed
- 3) The last compresses should be removed gently. If they are stuck to the wound, they should be loosen with sodium chloride or sterile water before removal.
- 4) The soiled compresses should be observed. A wound infection is likely if there is a lot of discharge, a greenish colour, or a foul odour
- 5) The dressing and the non-sterile gloves should be discarded in the waste container.

Observe the Wound

- 1) In the case of an open wound, like loss of cutaneous tissue, or ulcer, the colour indicates the state of healing.
 - i) Black area denotes necrosis, wet or dry infected eschar
 - ii) Yellow or greenish area denotes infected tissue and presence of pus
 - iii) Red area denotes granulation, usually a sign of healing (unless there is hypertrophy), however, red edges indicate inflammation or infection.
 - iv) Pink area denotes process of epithelisation, the final stage of healing that begins at the edges of the wound
- 2) In the case of a sutured wound, the removal of one or more sutures is necessary if there are local signs of suppuration and discomfort in order to prevent the infection from spreading. Local signs include:
 - i) Red, indurated and painful edges
 - ii) Drainage of pus between the sutures, either spontaneously or when pressure is applied on either side of the wound

iii) Lymphangitis

iv) Sub-cutaneous crepitations around the wound

In any case, if local infection symptoms are present, general signs of infection such as fever, chills, changes in overall condition should be examined.

Technique for Cleaning and Dressing of the Wound

- 1) Hands should be washed again or disinfected with an alcohol-based hand rub.
- 2) The dressing set or box should be opened after ensuring the wrapping and date of sterilisation
- 3) One of the sterile forceps should be picked up while avoiding touching any other objects.
- 4) The second forceps should be picked up with the help of first one.
- 5) The forceps should be used to make a swab by folding a compress in 4.
- 6) Sutured wound or open wound should be cleaned with red granulation
 - i. 0.9% sodium chloride or sterile water should be used to clean the wound for removing any organic residue. A clean swab should be used for each stroke as moving from the cleanest to the dirtiest area.
 - ii. It should be dab dried with a sterile compress.
 - iii. A sutured wound should be re-covered with sterile compresses or an open wound with paraffin compresses. The dressing should stick out a few centimetres beyond the edges of the wound.
 - iv. The dressing should be kept in place with adhesive tape or bandage

7) Necrotic or Infected Open Wounds :

- i. Povidone iodine (7.5% scrub solution, 1 part of solution + 4 parts of sterile 0.9% sodium chloride or sterile water) should be used to clean the wound. It should be washed thoroughly and dab dried with sterile compress
 - ii. Apply sterile vaseline and remove all necrotic tissue at each dressing change until the wound is clean
 - iii. Sterile vaseline should be applied to remove all necrotic tissue at each dressing change until the wound is clean.
- 8) Sharp materials should be discarded in sharp container and the rest of waste should be discarded in waste container.
- 9) The instrument should be soaked in the disinfectant as soon as possible.
- 10) Hands should be washed again or disinfected with an alcohol-based hand rub.

If sterile gloves or instruments are used for the dressing, the principles remain the same

Subsequent Dressings

- 1) Clean, Sutured Wound: The initial dressing should be removed after 5 days if wound is painless, odourless as well as the dressing remain clean
- 2) Infected, Sutured Wound: One or more sutures should be removed and the
- 3) pus should be cleared. The dressing should be changed at every day
- Open, Dirty Wound: The dressing should be cleaned and changed daily.
- 4) Open Granulating Wound: The dressing should be changed in every 2 to 3 days, unless the granulation is hypertrophic.

Result : Wound dressing was performed.