



WOUNDS



HOW TO CHANGE DRESSINGS HYGIENICALLY

IN SECONDARY HEALING AND CHRONIC WOUNDS

DRESSING CHANGE IN CHRONIC WOUNDS

PREPARING THE DRESSING CHANGE



1

Inform the patient about the steps taken in dressing changes, consider pain medication/onset of action



2

Disinfect work area (disposable gloves!); where applicable, cover work area with sterile barrier impervious to liquids



3

Hygienic hand disinfection

Contact us for your copy of the summary poster 'Hand Disinfection according to EN 1500



4

Readying the required materials



5

Place...
ble rec...
wound...
ensure

HANDLING THE WOUND AND DRESSING



8

Gently remove covering dressing



9

No-touch technique: Remove wound filler with sterile tweezers or sterile gloves



10

Check dressing for color, smell, amount of exudate, if needed, swab wound for culture



11

Directly discard disposable materials/waste in a liner impervious to liquids



12

Discard...
resista...
locking



15

Selective cleansing of the wound with sterile irrigating solution; follow the manufacturer's instructions!



16

Cleanse aseptic wounds from inside out, cleanse septic wounds from outside in, use one sterile pad/swab per wipe



17

Irrigate deep wounds straight from the bottle or with sterile bulb-tip cannula / irrigating catheter



18

Change...
hygiene



21

Apply new dressing according to doctor's order



instructions!

Examples from the B. Braun range of products



Moistening and cleansing

Prontosan® Wound Gel and Wound Gel X – hydrogels with polihexanide and betaine



Askina® Sorb – calcium alginate with CMC (insert with sterile tweezers)



Wound

Askina...
alginat...
straight

COMPLETION



22

Discard disposable and waste materials; disinfect all point-of-care areas



23

Remove and discard disposable gloves and protective clothing



24

Perform any other measures ordered, e.g., skin care and application of a compression dressing



25

Hygienic hand disinfection



26

Docum...



patient in most comfortable/sitting position; must be easily accessible; good lighting conditions



6 Tie back long hair; wear short-sleeved top and, where necessary, wear disposable cap and face mask



7 Put on disposable apron impervious to liquids; perform hygienic hand disinfection; put on disposable gloves



sharps in puncture-resistant container with lid



13 Deposit reusable instruments right after use in instrument tray



14 Change gloves; perform hygienic hand disinfection



change gloves; perform hygienic hand disinfection



19 Inspect wound; document wound, possibly with photograph



20 If necessary, protect wound edges/surroundings with sterile barrier film applicators



Calgitrol® – calcium gluconate with silver (apply from tube)



Dressing Askina® DresSil Border – foam dressing with silicone adhesive base



Dressing Askina® Foam – non-adherent foam dressing



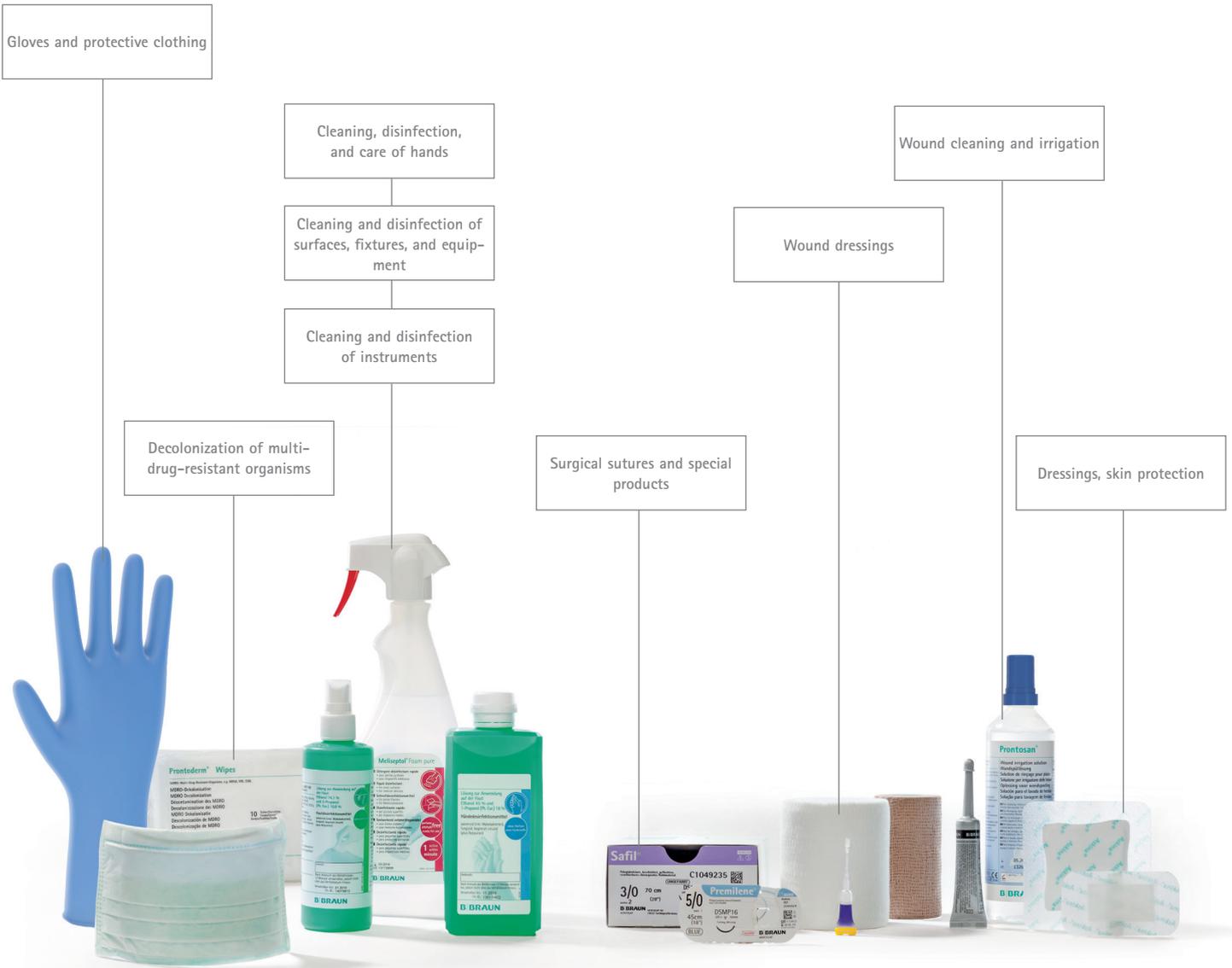
Time dressing change



Time dressing changes according to condition of wound and the needs and objectives of patient

GOOD TO KNOW

- Do not wear any jewelry (e.g., rings or watches).
- Wear special protective clothing whenever wound is contaminated with resistant organisms.
- Coordinated procedure, train all caregivers involved in patient treatment.
- Always treat septic wounds with the same hygienic diligence as in aseptic wounds.
- Keep the dressing change order: Aseptic wounds first, then contaminated wounds, followed by infected wounds. Care for wounds with resistant pathogens last.
- Dressings in large wounds should be changed by two people (one actually changing, the other assisting), in order to reduce the risk of contaminating the surroundings!
- Never touch wound with bare hands (no-touch technique).
- Ready required materials on work area/dressing trolley:
 - non-sterile materials close to patient
 - sterile materials away from patient
- Check sterile packaging for expiration date and integrity, and open just before use.
- The healthcare professional uses nonsterile gloves and sterile instruments or sterile gloves on the wound.
- Keep doors and windows closed and do not perform any other activities in the room.



Softa-Man® ViscoRub | **Composition:** 100 ml solution contain: *Active ingredients:* 45 g Ethanol (100%), 18 g Propanol. *Excipients:* Purified Water, Butanone, Glycerol, Isopropyl Myristate (Ph.Eur.), Cetearyl Ethylhexanoate, Octyldodecanol (Ph.Eur.), Edetol, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, Bisabolol. **Therapeutic Indications:** Hygienic and surgical hand disinfection. **Contraindications:** Hypersensitivity (allergy) to Ethanol, Propanol or any of the other ingredients. **Side Effects:** Cases of local alcohol-induced irritation symptoms (e.g. itching, redness) may occur, especially after frequent application. Moreover, contact allergy is possible. **Warnings:** Flammable. Keep container tightly closed. Keep away from sources of ignition – No smoking. Avoid contact with eyes. Do not apply on injured skin or mucous membranes. For external use only. **Flash point:** 21 to 22 °C (DIN 51 755) **Last Revision:** 02/2012 **Marketing Authorization Holder:** B. Braun Melsungen AG, 34209 Melsungen, Germany

Softasept® N | **Composition:** 100 g solution contain: Active substances: 74.1 g ethanol and 10.0 g isopropyl alcohol. *Other ingredients:* Purified water. **Therapeutic Indications:** Skin disinfection before surgical procedures, punctures and injections. **Contraindications:** Hypersensitivity (allergy) to ethanol, isopropyl alcohol. Not suited for antiseptic treatment of mucous membranes or use in the immediate vicinity of the eyes. **Possible Side Effects:** Skin irritation such as redness and burning can occur, especially with frequent use. Contact allergies are also possible. **Warnings:** Highly flammable. Keep container tightly closed. Keep away from sources of ignition – No smoking! Do not spray in open flame! Avoid contact with eyes. Do not use on damaged skin or mucous membranes. For external use only. Flash point 14 °C per DIN 51755. **Marketing Authorisation Holder:** B. Braun Melsungen AG 34209 Melsungen Germany (03/2011)

References

- S1 Leitlinie chronische und sekundär heilende Wunden – Hygieneanforderung, erstellt durch: Interdisziplinärer Expertenkonsenz im Arbeitskreis Krankenhaus und Praxishygiene der AWMF (Arbeitsgemeinschaft der wissenschaftlichen medizinischen Fachgesellschaften), 01/2014
- Die Anforderungen der Krankenhaushygiene an Wundverband und Verbandwechsel, Deutsche Gesellschaft für Krankenhaushygiene (DGKH) ISSN 2196-5226 (A. Kramer, B. Chergui)
- Expertenstandard Pflege von Menschen mit chronischen Wunden, deutsches Netzwerk für Qualitätsentwicklung in der Pflege DNQP
- Infektionsprävention in Heimen, Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (RKI) 2005, Kapitel 6.4.1 Wundverbände

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