

# Sullivan County Department of Public Health

<p><b><u>Title:</u></b> Clean, Dry Dressing</p> <p><b><u>Number:</u></b> CP-36</p> <p><b><u>Page Number:</u></b> 1 of 2</p>	<p>Original Approval: 1989</p> <p>Reviewed/ revised: 9/99, 9/05, 12/16, 4/24</p>
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**Statement/ Purpose:**

To provide guidelines for the application of dry dressings.

**Authority:**

**Application:**

RNs, LPNs, PTs, OTs

**Terminology:**

**Responsible Party:**

Training and Quality Improvement Coordinator

**Cross-Reference:**

Hand Hygiene

**Procedure:**

1. Confirm provider's order for the dressing change.
2. Instruct the patient/ caregiver regarding the purpose of the dressing
  - a. To absorb wound secretions
  - b. To prevent further skin irritation
  - c. To encourage healing
  - d. To promote skin comfort
3. Perform hand hygiene
4. Gather necessary dressing supplies
5. Position patient comfortable and in a position that the dressing can be easily changed.
6. Don non-sterile, disposable gloves
7. Remove old dressing and gloves and place in a garbage receptacle
8. Perform hand hygiene
9. Don non-sterile, disposable gloves
10. Assess wound size, color, depth, drainage, odor, and condition of surrounding tissue.
11. Cleanse from the clean to dirty area of the wound, utilizing gentle but firm strokes
12. Apply any appropriate medication or ointment as ordered by the provider
13. Apply dressing as ordered
14. Secure dressing as ordered
15. Dispose of all trash
16. Remove gloves and discard appropriately

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17. Assist patient with comfort measures
18. Perform hand hygiene
19. Document procedure, including the following, in the patient's clinical record:
  - a. Wound location
  - b. Wound size
  - c. Drainage, if any
  - d. Odor, if any
  - e. Condition of surrounding tissue
  - f. Patient's tolerance of procedure
  - g. Instructions provided