

Sullivan County Department of Public Health

<p><u>Title:</u> Wet to Dry Dressing</p> <p><u>Number:</u> CP-38</p> <p><u>Page Number:</u> 1 of 2</p>	<p>Original Approval: 1989</p> <p>Reviewed/ revised: 9/99, 9/05, 5/24</p>
---	---

Statement/ Purpose:

To provide guidelines for the application of a wet to dry dressing.

Authority:

Application:

SCDPH CHHA RNs and LPNs

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand Hygiene, Wound Documentation

Procedure:

1. Confirm provider's orders for the wet to dry dressing application.
2. Instruct the patient and/or caregiver regarding the purpose of the dressing
 - a. To remove secretions.
 - b. To encourage tissue healing.
 - c. To increase circulation to affected area.
 - d. To promote skin comfort.
3. Perform hand hygiene.
4. Gather necessary supplies.
5. Explain the procedure to the patient.
6. Position the patient in a position of comfort that allows for ease of application of dressing.
7. Don non-sterile gloves.
8. Remove old dressing and dispose of appropriately.
9. Prepare sterile dressing (as ordered):
 - a. Remove gloves and perform hand hygiene.
 - b. Open sterile dressing packets.
 - c. Pour prescribed solution onto necessary dressings.
 - d. Don sterile gloves
10. Prepare clean dressing (as ordered):
 - a. Remove gloves and perform hand hygiene.
 - b. Open sterile dressing packets.

Sullivan County Department of Public Health

- c. Pour prescribed solution onto necessary dressings.
- d. Don non-sterile gloves.
11. Assess wound for depth, color, drainage, odor, and condition of surrounding tissue.
12. Place wet dressing into open wound as ordered.
13. Cover with dry dressing.
14. Secure dressing as ordered.
15. Discard used dressings and supplies appropriately.
16. Remove and discard gloves.
17. Position patient for comfort.
18. Perform hand hygiene.
19. Document the procedure, including the following in the patient's clinical record:
 - a. Condition of the wound.
 - b. Drainage, if any
 - c. Odor, if any
 - d. Patient's tolerance of procedure
 - e. Condition of surrounding tissue
 - f. Instructions provided
 - g. Any communication with the provider, if necessary.