

# Sullivan County Department of Public Health

<p><b><u>Title:</u></b> Permeable Film Dressing</p> <p><b><u>Number:</u></b> CP-39</p> <p><b><u>Page Number:</u></b> 1 of 2</p>	<p>Original Approval: 9/99</p> <p>Reviewed/ revised: 9/05, 5/24</p>
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**Statement/ Purpose:**

To provide guidelines for the application of a permeable film dressing.

**Authority:**

**Application:**

SCDPH CHHA RNs and LPNs

**Terminology:**

**Responsible Party:**

Training and Quality Improvement Coordinator

**Cross-Reference:**

Hand Hygiene, Wound Measurement, Wound Documentation

**Procedure:**

1. Confirm provider's order for the dressing change.
2. Instruct the patient and/or caregiver regarding the purpose of the dressing.
  - a. To allow visualization of the wound.
  - b. To enhance tissue healing.
  - c. To prevent further skin irritation.
  - d. To promote comfort.
3. Perform hand hygiene.
4. Gather all necessary dressing supplies.
5. Position patient for comfort during dressing change and for ease of completion of procedure.
6. Explain procedure to patient.
7. Don nonsterile, disposable latex gloves.
8. Remove old dressing and place in plastic bag.
9. Assess wound size, color, depth, drainage, odor, and condition of surrounding tissue.
10. Open permeable film dressing.
11. Clean affected area with physician-prescribed cleaning solution.
12. Clean from clean to dirty area of wound using gentle, firm strokes.
13. Rinse area according to orders.
14. Dry well with sterile 4x4 gauze or other dressing supplies, as ordered.
15. Assess wound size, color, depth, drainage, odor, and condition of surrounding tissue.
16. Open permeable film dressing per manufacturer's guidelines.

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17. Center permeable film dressing, providing at least a 2-cm area around the wound to be covered.
18. Smooth permeable film dressing from the center to the outer edges.
19. Secure edges with a frame of tape, if desired.
20. Discard contained, used dressings in patient's household trash.
21. Remove and discard appropriately.
22. Position patient comfortably.
23. Wash hands with antibacterial soap or solution.
24. Document procedure, including the following, in the patient's clinical record:
  - a. Size of the wound/ measurements.
  - b. Drainage, if any.
  - c. Odor, if any.
  - d. Patient's tolerance of the procedure.
  - e. Condition of surrounding tissue
  - f. Instructions provided to patient and/or caregiver.
  - g. Any communication with provider, if necessary.
25. Change dressing when excessing drainage collects or leaks, or every three to five days, or per provider's order.