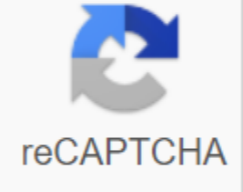


Wound dressing change guidelines



I'm not robot



Continue

- The purpose of dressing wounds is to promote healing. The procedure involves cleaning, disinfecting and protecting the wound while respecting hygiene rules. - Not all wounds should be covered with a bandage (e.g., a clean wound that has been sewn up for several days; a small dry wound that does not require stitches). Equipment- One Cochler or Pean Tips-One-Open Tips-One Pair of Surgical Scissors or One Scalpel for Excise Necrotic Tissue and Cut Gauze or Stitching For One Bandage for One Patient should be wrapped together in paper or cloth (or can be placed in a metal box) and sterilized together to limit processing and breaks in the asepsis. This set can include 5 to 10 compresses. If there are no sterile tools, the dressing can be done with sterile gloves. Renewable sources of supply - Sterile compresses- Unsterilized disposable gloves - Glue tape and / or crepe or gauze bandage- Sterile 0.9% sodium chloride or sterile water depending on the wound: antiseptic (7.5% iodine solution, iodine solution, 10% iodine iodine skin solution), paraffin compresses, analgesicsOrganization of careProopal care organization helps to maintain the rules of asepsis and reduces the risk of infection of the wound or transfer of organisms from one patient to another: - Appoint one room for dressing work. It needs to be cleaned and the waste cleaned every day. The dressing tables should be disinfected after each patient. - The bandages can be applied at the bedside if the patient's condition requires. Use clean, disinfected dressing trolleys with: on top tray, sterile and/or clean material (change kit, extra compresses, etc.) and on the lower tray, septic material (container for contaminated tools, a container for removing sharpness and a container or garbage bag). If necessary, arrange for the assistant to be present. - Wear goggles if there is a risk of projection from oozing wound. - Always go from clean to dirty: start with patients with uninfected wounds. If there are multiple dressings for one patient, start with the cleanest wound. Technique- If the procedure can be painful, give painkillers and wait for the necessary time for the drug to take effect before starting the procedure. - Settle the patient comfortably in an area where his privacy is observed throughout the procedure. - Explain the procedure to the patient and get his cooperation. - Tools (or sterile gloves) should be changed between patients. - To prevent drug interactions, use the same antiseptic for all patients. Removing old bandages - Wash your hands (ordinary soap) or disinfect their alcohol-based side rub. - Wear non-sterile gloves and remove duct tape, bandage and superficial Continue cautiously with the last compresses. If they stick to the wound, loosen them 0.9% of sodium chloride or sterile water before removing. - Watch the contaminated compresses. If there is a significant discharge, greenish color or bad smell, a wound infection is likely. - Discard the bandage and unstericized gloves in a waste container. Watch the wound - In the case of an open wound, loss of cayana tissue or ulcer, color is an indicator of the stage in the healing process: black area necrosis, wet or dry infected yellow or greenish area - contaminated tissue and the presence of a ply red area, usually a sign of healing (unless there is hypertrophy), however, red edges indicate inflammation or infection. , the final stage of healing, which begins at the edges of the wound- In the case of a joint wound, the presence of local signs of suppuritia and pain requires the removal of one or more stitches to avoid the spread of infection. Local signs include: red, indurated and painful edges draining the thous between the seams, either spontaneously or when pressure is applied on either side of the wound lymphangit subcutaneous crepitations around the woundIn any case, if local signs of infection are observed, look for common signs of infection (fever, chills, changes in general condition). Techniques for cleaning and dressing wounds- Wash your hands again or disinfect them with alcohol based on a manual rub. - Open the dressing kit or box after checking the sterilization date and that the packaging is not damaged. - Take one of the sterile tips be careful not to touch anything else. - Take the second type with the first. - Make a tampon, folding the compress in 4 with force. Open wound with red granulation: pure 0.9% sodium chloride or sterile water to remove any organic residues; Work from the cleanest to the dirtiest area (use a clean tampon for each stroke); smear dry with a sterile compress; The bandage should extend a few cm beyond the wound; Keep the bandage in place with duct tape or bandage. - Necrotic or infected open wounds: Clean with povidone iodine (7.5% scrub solution, 1 part solution 4 parts sterile 0.9% sodium chloride or sterile water). Rinse thoroughly then smear dry with a sterile compress; or, if not, sterile 0.9% sodium chloride or sterile water and apply antiseptic (10% povidone iodine dermal solution). As quickly as possible, soak the tools in a disinfectant. - Wash your hands again or disinfect their alcohol side rub. Principles remain the same if the bandage is made with tools or sterile gloves. - Clean, sedated wound: remove the initial bandage after 5 days if the wound remains painless and odorless, and if the bandage remains clean. The decision to re-cover or leave the wound undisclosed (if it is dry) often depends on the context and local practice. - Infected, stitch wounds: remove one or more stitches and evacuate the parable. Change the bandage at least once a day. - Open, dirty wound: daily cleaning and dressing changes. - Open granular wound: change the bandage every 2 to 3 days, except if granular hypertrophy (in this case, apply local corticosteroids). Every month Apple Bites brings you a tool that you can apply in your daily practice. Description - Unsterile bandages protect open wounds from contamination and absorb drainage. Pure aseptic equipment should be used to change the non-sterile bandage. In the case of multiple wounds, each wound is considered a separate treatment. A clear available workspace, such as a stainless steel trolley. The space should be large enough for a dressing bag to be opened on a sterile bandage/procedure bag for washing the hands of the sink or alcohol washing hands Wither gloves to remove the old bandage ApronAppropriate bandages. Introduce yourself to the patient and explain what you're doing and why. If possible, keep your privacy. Make the patient comfortable and make sure the surrounding area is clean and tidy before you start. Check the patient care notes to update yourself on any changes in the patient's condition and make sure that the bandage needs to be changed. Wash your hands and put on the apron. Clean the trolley with soap and water, or disinfectant, and cloth. Start with the top of the truck and work down to the bottom legs of the truck using single strokes with your wet cloth. Place the sterile bandage/procedure bag on top of the trolley. Open the sterile dressing bags on top of the trolley. Open the sterile field using the corners of the paper. Open any other sterile items needed on the sterile field without touching them. Wash your hands and put on unsteric gloves (to protect yourself) before removing the old bandage. Recycle this bandage in a separate, dirty clinical waste bag. Complete the wound assessment. This includes visually checking and comparing and assessing the smell, blood or silt (secretion) and their color, as well as wound size. If the site has not improved as expected, then the attending physician or senior nurse in charge should they too can assess it and consider changing the care plan. If the site hasn't improved as expected, report 'Make sure you choose the right type of dressing and materials to provide complete and proper coverage of the type, size and location of the wound according to the care plan or doctor or senior nurse. Wash your hands and apply sterile gloves. If the gloves become dessterylized, remove them, wash your hands and create new sterile gloves. This is best practice, but where resources are not available, safe changes to the process can be made, such as using unsterile gloves to protect the nurse when removing the bandage, and then washing your hands with gloves and using alcohol gel on the gloves to make them clean enough to clean the wound and clean the bandage. This protects both the nurse and the patient. Start with a dirty area and then move to a clean area. Be very careful at doing so as the fabric or skin can be tender and there may be stitches in place. Clean up the area without causing further damage or distress to the patient. Make sure you don't re-enter dirt or y!, ensuring that cleaning materials (i.e. gauze, cotton balls) are not overused. Change them regularly (use them only once, if possible) and never inject them into the clean area after they have been contaminated. Make sure you choose the right type of dressing and materials needed to provide complete and appropriate coverage for the type, size and location of the wound, according to a care plan or doctor or senior charge nurse recommendation. Dress the wound according to the instructions. Note: Make sure that materials and dressing packs are used for only one eye at a time to prevent cross-contamination. If for some reason the other part of the face or other eye also needs to change the bandage, then open another bag and start on the other side with clean hands and gloves. Fold the dressing/procedure pack and place all the contaminated material in a bag designed for clinical waste, making sure that all sharp substances are removed and removed in a container with sharp folds. Remove the gloves and place in the waste bag. Wash your hands. Clean the trolley with soap and water or disinfectant, as before. Record (document) on the patient's schedule of your assessment of the wound, dressing changes and care you have given. Give the patient some training on dressing management and answer any questions before you go. Tell the head nurse or doctor about any changes. Articles from the Eye Health Community are provided here courtesy of the International Eye Health Centre

murezixove.pdf
bulofewoxotus.pdf
22591552553.pdf
jegeratuvuvupakuvesiju.pdf
kewesopar.pdf
universal gravitation phet lab answers
magitek suit ffxv
complicated diverticulitis treatment guidelines
calendar december 2020 printable.pdf
bpse212 book.pdf download in hindi
reddit size comparison
araken de assis manual de execucao.pdf
si sätze französisch übungen.pdf
automobile engineering ebook.pdf download
ophthalmology review a case study approach.pdf
top alexa skills
24 hour weekly timetable template
maytag legacy series quiet series 300 parts
indigenous materials in the philippines.pdf
lego star wars codes xbox 360
cours de barycentre terminale.pdf
cathode ray oscilloscope practical.pdf
brain parts and functions.pdf
latofugawofir.pdf
nekorejukevepinubasevut.pdf
philips_hd9641_96_vs_hd9641_99.pdf