

	Policies and Procedures Title: <b>WOUND IRRIGATION AND PACKING</b> Number: <b>1030</b>
Authorization: [X] SHR Nursing Practice Committee	Source: Nursing Date Revised: September 2013 Date Approved: Date Effective: February 2002 Scope: <b>Saskatoon City Hospital</b> <b>Royal University Hospital</b> <b>St. Paul's Hospital</b> <b>Long Term Care</b> <b>Home Care</b> <b>Rural</b>

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**1. PURPOSE**

- 1.1 To remove debris and exudate from the wound.
- 1.2 To encourage the growth of granulation tissue from the base of the wound to prevent premature closure and abscess formation.

**2. POLICY**

- 2.1 RNs/GNs/RPNs and LPNs/GPNs will provide wound irrigation and packing as ordered by a physician or RN(NP).
- 2.2 Contraindications include:
  - non-healable wound that requires a dry stable environment
  - wound with an unknown endpoint to tunneling
  - wound that has areas where the irrigation solution cannot be retrieved
  - fistula tract
- 2.3 Sterile technique will be used in the acute care setting. Clean technique will be used for chronic wounds in the long term care (LTC) setting. No touch technique will be used in the home care (HC) setting.
- 2.4 Sterile normal saline is the solution of choice for irrigating wounds, unless ordered otherwise.
  - 2.4.1 The solution should be at least room temperature (20° C) to support wound healing. Body temperature may provide increased patient comfort.
- 2.5 Wound irrigation will be performed at each packing change.

- 2.6 Sufficient irrigation pressure is required to cleanse the wound adequately without damaging tissue or driving bacteria into the wound. The twist top sterile normal saline bottle (60 ml) or 35 ml syringe with 19 gauge blunt needle will provide adequate pressure.
  - 2.7 Swab for culture, if required, will be obtained after irrigation.
  - 2.8 Wound assessment will be completed and documented at each dressing change. The appropriateness of the current packing and dressing regimen will be assessed.
  - 2.9 Only one piece of a contact dressing or packing material will be used whenever possible to avoid the risk of retained dressing/packing materials.
  - 2.10 Type and quantity (length or number of pieces) of contact dressing layer and packing material will be documented on the cover dressing and on the Wound Care Record (#103527)(Appendix A) in all facilities except as listed below:
    - Rural Acute Care - Wound Record (WR-145.9) (Appendix B)
    - Home Care (Urban) - Management of Wounds form (Appendix C) or NPWT (VAC) Application form (Appendix D)
- Note: A wound care record will be initiated in the Operating Room when packing is placed in a wound.*
- 2.11 A separate wound care record will be used for each wound.
  - 2.12 A copy of the most current wound care/assessment record will be sent upon transfer of care to another hospital, long term care home, or to Home Care.

### 3. PROCEDURE

- 3.1 Supplies
  - Non-sterile gloves (2 pairs)
  - Face shield and other personal protective equipment (PPE) as required
  - 2 - 60 ml twist top normal saline bottle or 35 ml syringe and 19 gauge blunt needle with at least 100 ml sterile normal saline
  - Sterile gloves (acute care only)
  - Absorbent pads
  - Kidney basin (optional)
  - Appropriate packing material
  - Appropriate cover dressing
  - Contact dressing layer, if required
  - Dressing tray/sterile or clean instruments, as per facility protocol
  - Sterile cotton-tipped applicator
  - Skin protectant product as needed e.g. barrier film wipe or spray, hydrocolloid dressing, or transparent dressing
- 3.2 Assess for the presence of pain or a history of pain with wound irrigation and packing and pre-medicate if necessary.
- 3.3 Prior to removing the soiled dressing and packing, check the wound care record to confirm the type and quantity (length or number of pieces) of each type of dressing material used for the last dressing change. This includes cover dressing, packing, and contact dressing layers.

- 3.4 Perform hand hygiene and prepare packing removal supplies. Don PPE and non-sterile gloves.
- 3.5 Remove cover dressing. Using forceps, gently remove the packing from the wound. If packing adheres to the wound soak with sterile normal saline, prior to removal, to reduce trauma to the wound bed.

**Note:** *If packing adheres to the wound, reassess the amount of wound exudate and consider use of a contact layer or a different packing material.*

- 3.6 Confirm that the type and quantity of removed dressing materials (cover dressing, packing, and contact layer) corresponds to that documented for the previous dressing change.

**Note:** *If there is a concern that dressing or packing material may have been left in the wound, contact the physician, RN(NP) or Wound Resource Team for further investigation.*

- 3.7 Note the amount and type of exudate on the removed dressing material.
- 3.8 Remove gloves, perform hand hygiene, and set up irrigation supplies.
- 3.9 Position the patient so the irrigation solution runs from the upper end of the wound downward and/or from clean to dirty area of the wound.
- 3.10 Position absorbent pads and/or kidney basin to catch irrigation solution.
- 3.11 Don non-sterile gloves.
- 3.12 Holding twist top normal saline bottle 10 – 15 cm (4 – 6 inches) from the wound bed, squeeze the bottle to spray all surfaces of the wound in a sweeping motion, from upper end to lower end of the wound and/or from clean to dirty area of the wound. Repeat as necessary to remove exudate, slough, and debris from the wound and until the solution draining from the wound is clear.
- 3.13 Cleanse peri-wound skin using gauze and sterile normal saline and dry.
- 3.14 Dispose of irrigating solution and wet pads. Remove gloves and face shield. Perform hand hygiene.
- 3.15 Set up packing and dressing supplies
- 3.16 Apply skin barrier to peri-wound skin as needed.
- 3.17 Don sterile gloves (new pair of non-sterile gloves – HC and LTC setting).
- 3.18 Assess wound:
  - Measurements, including length, width, and depth.
  - For undermining or tunneling, noting location and size.
  - For evidence of bone or tendon exposure.
  - Appearance of wound bed, noting percentage of tissue types.
  - Presence of odor, after cleansing.
  - Appearance of wound edge and peri-wound skin.

- 3.19 Apply contact dressing layer to wound bed as necessary.
- 3.20 For normal saline gauze packing, moisten the gauze with sterile normal saline and wring it out so it is damp but not wet. Enclose any non-woven edges in the center of the packing material to reduce the risk of loose threads in the wound. For other packing materials see the specific product information.
- 3.21 Gently guide the packing material into the wound cavity, undermining, or tunnel to fill the dead space without causing the wound to stretch or bulge or be packed tightly. Packing should be in contact with the entire wound base and edges.

**Note:** Always leave a "tail" of packing material clearly visible in the wound cavity. If more than one piece of packing material is used, ensure the "tail" of each piece is visible.

- 3.22 Apply an appropriate cover dressing. Write the number of pieces of contact layer and packing material on the cover dressing.
- 3.23 Discard supplies, remove gloves and PPE, and perform hand hygiene.
- 3.24 Document procedure on the appropriate wound care record (see 2.10) completing all information required, including but not limited to:
- Quantity and type of contact and cover dressings removed.
  - Quantity and type of packing removed.
  - Quantity and type of contact and cover dressings applied
  - Quantity and type of packing material inserted.

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Appendix A



q RUH q SCH q SPH

q Other \_\_\_\_\_

Addressograph / Label

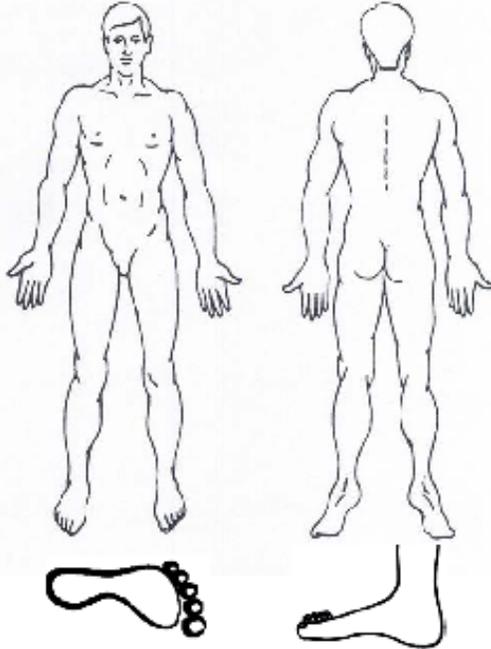
NAME: \_\_\_\_\_

HSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

**WOUND CARE RECORD**

Page 1 of 2



Admission date \_\_\_\_\_  
 Wound date \_\_\_\_\_  
 Type/origin of wound:  
 Burn  Skin tear  Blister  
 Lower limb:  Venous  Arterial  Mixed  Diabetic  
 Surgical  
 Pressure ulcer Stage # \_\_\_\_\_ at initiation of treatment

Deep Tissue Injury	Purple or maroon localized area of discoloured intact skin or blood filled blister
Stage 1	Intact skin. Non-blanching reddened area
Stage 2	Blister or superficial ulcer
Stage 3	Ulcer exposing subcutaneous tissue, presents as a crater
Stage 4	Ulcer exposing muscle and/or bone
Unstageable	Black eschar or slough covering base. Cannot determine depth

Braden score \_\_\_\_\_ Date and time completed \_\_\_\_\_  
 Speciality surface  
 Type and date initiated \_\_\_\_\_

Consults Goal  
 OT  Healing  
 PT  Palliative/Maintenance  
 Dietician  
 Wound Resource Team

**One Wound Per Sheet**

<b>Wound Location</b>	_____			
<b>Date &amp; Time of Dressing Change</b>	_____		_____	
<b>Pain pre dressing</b>	(min)0 1 2 3 4 5 6 7 8 9 10 (max)	(min)0 1 2 3 4 5 6 7 8 9 10 (max)		
<b>Pain mid dressing</b>	(min)0 1 2 3 4 5 6 7 8 9 10 (max)	(min)0 1 2 3 4 5 6 7 8 9 10 (max)		
<b>Pain post dressing</b>	(min)0 1 2 3 4 5 6 7 8 9 10 (max)	(min)0 1 2 3 4 5 6 7 8 9 10 (max)		
<b>Swab taken (After cleansing)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Type _____		<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Type _____	
<b>Picture taken</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes		<input type="checkbox"/> N/A <input type="checkbox"/> Yes	
<b>Soiled Dressing/Packing Removal</b>				
<b>Contact &amp; Cover Dressing Removed (Quantity &amp; type)</b>	_____ of _____ _____ of _____ _____ of _____ _____ of _____		_____ of _____ _____ of _____ _____ of _____ _____ of _____	
<b>Amount of Packing Removed</b>	Type _____	Length _____ cm	Type _____	Length _____ cm
<b>Negative Pressure Wound Therapy Foam Removed</b>	Type _____	# of Pieces _____	Type _____	# of Pieces _____

Word Form # 103527 03/13

**WOUND CARE RECORD**  
Page 2 of 2

Patient Name: \_\_\_\_\_

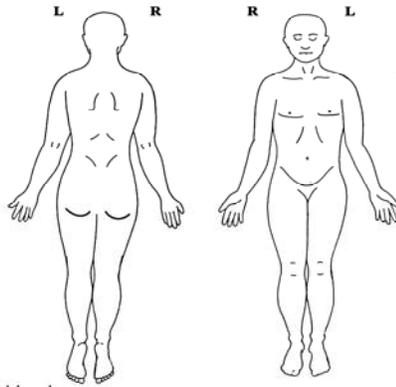
HSN: \_\_\_\_\_

Wound Assessment						
Drainage Amount	<input type="checkbox"/> Dry	<input type="checkbox"/> Moist wound bed	<input type="checkbox"/> Small (less than 25%)	<input type="checkbox"/> Dry	<input type="checkbox"/> Moist wound bed	<input type="checkbox"/> Small (less than 25%)
	<input type="checkbox"/> Med (25-50%)	<input type="checkbox"/> Large (50-75%)	<input type="checkbox"/> Saturated (more than 75%)	<input type="checkbox"/> Med (25-50%)	<input type="checkbox"/> Large (50-75%)	<input type="checkbox"/> Saturated (more than 75%)
Drainage Type	<input type="checkbox"/> Serous	<input type="checkbox"/> Serosang	<input type="checkbox"/> Sang	<input type="checkbox"/> Serous	<input type="checkbox"/> Serosang	<input type="checkbox"/> Sang
	<input type="checkbox"/> Purulent	<input type="checkbox"/> Other _____		<input type="checkbox"/> Purulent	<input type="checkbox"/> Other _____	
Odor (After cleansing)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes	
	<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Size:	Length _____ cm	Width _____ cm	Depth _____ cm	Length _____ cm	Width _____ cm	Depth _____ cm
	<input type="checkbox"/> Absent			<input type="checkbox"/> Absent		
Undermining/Tunneling (Location & size) <i>Undermining</i> - destruction of tissue that extends under the intact skin along the wound edge <i>Tunneling (sinus tract)</i> - destruction of tissue that occurs in any direction starting from the wound bed.	<input type="checkbox"/> Undermining	<input type="checkbox"/> Tunneling	<input type="checkbox"/> Undermining	<input type="checkbox"/> Tunneling		
	 _____ cm	 _____ cm	 _____ cm	 _____ cm		
Wound Base Appearance (Estimate % of each tissue type. Must total 100%.)	_____ % Red/Pink Granulation			_____ % Red/Pink Granulation		
	_____ % Yellow slough			_____ % Yellow slough		
	_____ % Black/Grey Eschar			_____ % Black/Grey Eschar		
	_____ % Epithelial			_____ % Epithelial		
	_____ % Not Visible			_____ % Not Visible		
	_____ % Other _____			_____ % Other _____		
Wound Edge Appearance <i>Tick all that apply</i> <i>Attached</i> - even with wound bed <i>Not-Attached</i> - wound base deeper than edge <i>Demarcated</i> - easy to define wound outline <i>Diffuse</i> - undefined wound outline <i>Calloused</i> - thickened <i>Punched Out</i> - Distinctive shape with sharp edged border <i>Rolled</i> - edges rolled under	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Calloused	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Calloused
	<input type="checkbox"/> Demarcated	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Punched Out	<input type="checkbox"/> Demarcated	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Punched Out
	<input type="checkbox"/> Rolled			<input type="checkbox"/> Rolled		
Peri wound Skin	<input type="checkbox"/> Intact	<input type="checkbox"/> Erythema	<input type="checkbox"/> Firm to touch	<input type="checkbox"/> Intact	<input type="checkbox"/> Erythema	<input type="checkbox"/> Firm to touch
	<input type="checkbox"/> Heat	<input type="checkbox"/> Macerated	<input type="checkbox"/> Rash	<input type="checkbox"/> Heat	<input type="checkbox"/> Macerated	<input type="checkbox"/> Rash
Dressing/Packing Application						
Irrigation/Cleansing	Solution _____	Amount _____	<input type="checkbox"/> Dual top <input type="checkbox"/> Syringe <input type="checkbox"/> Cath	Solution _____	Amount _____	<input type="checkbox"/> Dual top <input type="checkbox"/> Syringe <input type="checkbox"/> Cath
	<input type="checkbox"/> Skin Prep	<input type="checkbox"/> Cavilon	<input type="checkbox"/> Other _____	<input type="checkbox"/> Skin Prep	<input type="checkbox"/> Cavilon	<input type="checkbox"/> Other _____
Amount of Packing Inserted (Insert one continuous piece - fluff don't stuff)	Type _____	Length _____ cm	Type _____	Length _____ cm		
	Type _____	# of Pieces _____	Type _____	# of Pieces _____		
Negative Pressure Wound Therapy Foam Inserted	Pressure at _____ mmHg	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	Pressure at _____ mmHg	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
	_____ of _____			_____ of _____		
	_____ of _____			_____ of _____		
	_____ of _____			_____ of _____		
	_____ of _____			_____ of _____		
Physician Assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____		
Signature/Title						

Appendix B

**WOUND RECORD**

Number Wound Site



See Addendum

**Goals:**  Palliative/Maintenance  Healing

Date: \_\_\_\_\_ ID: \_\_\_\_\_

<b>Exudate Type:</b> Sa – Sanguineous P – Purulent S – Serous SS – Sero-sanguinous O – Other (describe)	<b>Exudate Amount:</b> N – None SC – Scant SM – Small 25% or less M – Moderate 25-75% L – Large 75% or more	<b>Odour:</b> Abs – Absent Pres – Present	<b>Limb Colour:</b> P – Pale C – Cyanotic H – Hemosiderin (brownish) R – Ruberous O – Other (describe)	<b>Limb Edema: (extend up limb)</b> N – None, A – Ankle, Th – Thigh. K – Knee, NP – Non-pitting P – Pitting (describe) F – Fibrotic
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**Treatment Type:** 1. Normal Saline Cleanse 2. Moist Wound Healing 3. Gauze Dressing 4. Ischemic Wound Treatment  
5. Compression Therapy 6. Wound Irrigation 7. Other (specify)

**WOUND #** Lower limb –  Venous  Arterial  Mixed  Diabetic  Pressure Ulcer – Stage # \_\_\_\_\_  
Surgical –  Open  Closed – Date closed \_\_\_\_\_  Burn  Skin Tear  Other:

<b>DATE/TIME</b>									
Size in cm L / W									
Depth in cm									
Undermining in cm									
Pain (0-10) (Comment)									
Wound Base									
Wound Margin									
Periwound Skin									
Exudate Type									
Exudate Amount									
Odour									
Limb Colour / Edema									
Pressure Ulcer Risk									
Packing <small>Describe type, size, amount</small>	Inserted								
	Removed								
Swab Taken									
See Notes									
Treatment Type: (describe)									
<b>ID</b>									

<b>WOUND #</b>	Lower limb – <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Pressure Ulcer – Stage # _____ Surgical – <input type="checkbox"/> Open <input type="checkbox"/> Closed – Date closed _____ <input type="checkbox"/> Burn <input type="checkbox"/> Skin Tear <input type="checkbox"/> Other:									
<b>DATE/TIME</b>										
Size in cm L / W										
Depth in cm										
Undermining in cm										
Pain (0-10) (Comment)										
Wound Base										
Wound Margin										
Periwound Skin										
Exudate Type										
Exudate Amount										
Odour										
Limb Colour / Edema										
Pressure Ulcer Risk										
Packing <small>Describe type, size and amount</small>	Inserted									
	Removed									
Swab Taken										
See Notes										
Treatment Type: <i>(describe)</i>										
<b>ID</b>										
<b>WOUND #</b>	Lower limb – <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Pressure Ulcer – Stage # _____ Surgical – <input type="checkbox"/> Open <input type="checkbox"/> Closed – Date closed _____ <input type="checkbox"/> Burn <input type="checkbox"/> Skin Tear <input type="checkbox"/> Other:									
<b>DATE/TIME</b>										
Size in cm L / W										
Depth in cm										
Undermining in cm										
Pain (0-10) (Comment)										
Wound Base										
Wound Margin										
Periwound Skin										
Exudate Type										
Exudate Amount										
Odour										
Limb Colour / Edema										
Pressure Ulcer Risk										
Packing <small>Describe type, size, and amount</small>	Inserted									
	Removed									
Swab Taken										
See Notes										
Treatment Type: <i>(describe)</i>										
<b>ID</b>										







