Clean Dressing Change Checklist

- ***F686****-Clean technique (also known as non-sterile) involves approved hand hygiene and glove use, maintaining a clean environment by preparing a clean field, using clean instruments, and preventing direct contamination of materials and supplies.*
- *Clean technique is considered most appropriate for long-term care; for residents who are not at high risk for infection; and for residents receiving routine dressings for chronic wounds such as venous ulcers, or wounds healing by secondary intention with granulation tissue.*

TASKS	✓
➢ Review orders and verify resident. Determine if orders include pain management; premedicate if needed. Cart remains locked, outside the room, HIPPA compliant with papers and computers.	
➢ Assemble equipment and supplies (e.g. dressings) and place on barrier. ➢ Don PPE for EBP requirements per CMS Regulation states ALL wound that need a dressing requires EBPs – Notifications should be on the door regarding EBPs. ➢ Take supplies on barrier into room. Place garbage receptacle near workstation. ➢ **Perform hand hygiene**: Disinfect any shared equipment, (e.g.) scissors, prior to placing them on clean barrier. Open dressing package, write date, time and initials on cover dressing or tape.	
➢ Re-evaluate resident's pain prior to beginning procedures. Explain the procedure, obtain verbal consent.	
➢ Position patient comfortably. Expose area to be treated. Place barrier under wound.	
➢ **Hand Hygiene**: Remove dressing and discard into resident's trash can. Remove gloves, hand hygiene, new gloves	
➢ Cleanse wound per order. Cleanse from the inside out using new gauze, saturated with wound cleanser or antimicrobial wash **for each cleansing swipe. Complete wound cleansing includes wound bed, wound edge and periwound area. Perform hand hygiene**	
➢ Wound assessment with measurements. Remove gloves and perform **Hand Hygiene.**	
➢ Apply clean dressing as ordered, ensure dressing is dated and initialed.	
➢ Discard all disposable items into appropriate receptacle.	
➢ Remove gloves perform **Hand Hygiene**	
➢ Reposition resident, ensure the call light is in place. Check in with resident and educated as needed. E.g. elevate legs above heart to help control edema.	
➢ Remove contaminated trash from resident's room.	
➢ Perform **Hand Hygiene.**	
➢ Comments:	

Please see the complimentary **Generic Dressing Change Guideline** document that describes these tasks in detail. These documents are examples of Dressing Change Guidelines and a Check List that can be customized to facilities' organizations' protocols

*This information is provided for informational purposes only. Patient care decisions should be based on relevant clinical guidelines, including current evidence-based literature, state and federal guidelines (CMS), and facility protocols. Decisions for wound management should be based on a holistic review of the patient's clinical condition. The clinical team members are encouraged to rely on their training and expertise, as well as **all** available clinical and other pertinent information, prior to making treatment decisions for any individual patient.*