

#70 - ASSESSING WOUNDS

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Identified agency's approved wound assessment tool. Reviewed the recommended frequency of assessment.				
2. Verified the health care provider's orders. Gathered the necessary equipment and supplies.				
3. Performed hand hygiene, and provided for the patient's privacy.				
4. Introduced self to the patient and family.				
5. Identified the patient using two identifiers.				
6. Reviewed the patient's last wound assessment and used it for comparison.				
7. Asked the patient to rate pain on a scale of 0 to 10.				
8. Explained the wound assessment procedure and noted whether the patient appeared anxious.				
9. Positioned the patient comfortably so that the wound was clearly visible. Exposed only the area of the wound.				
10. Folded the top of a waterproof biohazard bag to form a cuff, and placed the bag within reach.				
11. Applied clean gloves, and removed the soiled dressings.				
12. Examined the color and consistency of the drainage on the dressing. Noted whether it had any odor. Noted whether the dressing was saturated, slightly moist, or dry.				
13. After inspecting it, discarded the dressings in the waterproof biohazard bag. Discarded gloves. Noted findings.				
14. Performed hand hygiene, and applied clean gloves.				
15. Inspected the wound and its location of the wound. Determined the type of wound healing. Used agency-approved assessment tool to assess the				

following:

- a. Wound healing by primary intention:
 - i. When healing occurs by primary intention, the edges of the wound are pulled together and approximated with sutures, staples or stripes of adhesive tape. Gradual formation of scar tissue allows the wound to close slowly.
 - ii. Assessed the anatomical location of the wound on the body..
 - iii. Noted if the incisional wound margins were approximated or closed together.
 - iv. Observed for the presence of drainage. Looked for evidence of infection.
 - v. Lightly palpated along the incision to feel for a healing ridge.

- b. Wound healing by secondary intention:
 - i. Assessed the anatomic location of the wound.
 - ii. Assessed the wound dimensions. Measured the size of the wound, including length, width, and depth.
 - iii. Assessed for undermining or tunneling: Used a sterile cotton-tipped applicator to gently probe beneath the edges of the wound. Measured the depth, and noted the location used the face of a clock as a guide. Documented the number of centimeters the undermining extended beneath the intact skin.
 - iv. Assessed the extent of tissue loss. Determined the deepest viable tissue layer in the wound bed of a pressure ulcer.
 - v. Noted the tissue type, including the percentage of intact tissue and the presence of granulation, slough, and necrotic tissue.
 - vi. Indicated the color, consistency, odor, and amount of exudate. Indicated the amount of exudate by assessing the part of the dressing that was saturated or by describing the quantity.
 - vii. Noted if any of the wound edges were rounded toward the wound bed. Described the presence of epithelialization at the wound edges, if present.
 - viii. Inspected the skin adjacent to the wound, including color, texture, temperature, and a description of its integrity, noting any open, macerated areas.

16. When assessment was complete, applied a dressing as prescribed. Wrote the time, date, and initials on the new dressing.

17. Using a scale of 0 to 10, reassessed the patient's pain and level of comfort, including pain at the wound site, after the dressing had been applied.

18. Discarded the biohazard bag, soiled supplies, and gloves according to agency policy. Performed hand hygiene.

19. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.

20. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.

21. Raised the appropriate number of side rails and lowered the bed to the lowest position. Ensured bed wheels were locked.

This Page Intentionally Left Blank