

## # 71 - CARING FOR PRESSURE ULCERS

(Partner Check-Off)

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

Student: \_\_\_\_\_ Date: \_\_\_\_\_

	P1	P2	P3	Comments
1. Verified the health care provider's orders. Gathered Equipment				
2. Wore goggles, a mask, and a moisture-proof cover gown if the potential for contamination from spray existed.				
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. Removed the bed linen, and arranged the patient's gown to expose the ulcer and the surrounding skin. Kept the remaining portions of the patient's body draped.				
7. Cuffed a biohazard bag and placed it within reach.				
8. Applied clean gloves. Opened all sterile packages and topical solution containers. Kept the dressings sterile.				
9. Removed the old dressing. Noted the amount and color of drainage. Disposed of the dressing appropriately.				
10. Removed gloves and performed hand hygiene.				
11. Assessed the condition of the wound and surrounding skin to determine ulcer characteristics and stage of the ulcer.				
12. Applied gloves. Assessed the type of tissue in the wound bed. Recorded the approximate amount of each tissue type found in the wound bed by estimating percentages.				
13. Noted the temperature, presence of edema or moisture, and the condition of the skin surrounding the ulcer.				
14. Measured the wound with a wound measurement guide at its greatest length and greatest width. Multiplied the measurements to estimate the surface area of the wound in square centimeters.				

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| 15. Measured the depth of the wound.  |  |  |  |
| 16. Determined the depth of undermining tissue with a new sterile cotton-tipped applicator.   |  |  |  |
| 17. Removed and disposed of gloves, performed hand hygiene, and applied new clean gloves.   |  |  |  |
| 18. Cleaned the ulcer thoroughly with normal saline or the prescribed wound-cleaning agent, and then dried the wound.   |  |  |  |
| 19. Applied topical agents, if prescribed: <ul style="list-style-type: none"> <li>a. Enzymes:           <ul style="list-style-type: none"> <li>i. Using a sterile cotton-tipped applicator, applied a small amount of enzyme debridement ointment directly to the necrotic areas in the pressure ulcer. Did not apply the enzyme to the surrounding skin.</li> <li>ii. Placed gauze dressing directly over the ulcer, and taped it into place.</li> </ul> </li> <li>b. Hydrogel agents:           <ul style="list-style-type: none"> <li>i. Covered the surface of the ulcer with hydrogel using a sterile cotton-tipped applicator or a gloved finger.</li> <li>ii. Applied a secondary dressing over the gel to completely cover the ulcer.</li> </ul> </li> <li>c. Calcium alginate dressings:           <ul style="list-style-type: none"> <li>i. Lightly packed the wound with alginate, used a sterile cotton-tipped applicator or gloved finger.</li> <li>ii. Applied a secondary dressing.</li> </ul> </li> </ul> |  |  |  |
| 20. Affixed the dressing thoroughly into place. Marked the dressing with initials, date, and time of application.   |  |  |  |
| 21. Repositioned the patient comfortably so that there was no pressure on the ulcer.  |  |  |  |
| 22. Placed the call button within easy reach, and made sure the patient knew how to use it to summon assistance. Raised the appropriate number of side rails and lowered the bed to the lowest position. Ensure wheels locked   |  |  |  |
| 23. Disposed of used supplies and equipment.  |  |  |  |
| 24. Removed and disposed of gloves and any supplies. Performed hand hygiene.  |  |  |  |
| 25. Documented and reported the patient's response and outcomes.  |  |  |  |

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    \* = Must Perform to Pass

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_