

#74 - CHANGING A MOIST TO DRY DRESSING

(TEST)

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

Student: _____ Date: _____

TIME LIMIT:30 Minutes

TEST INCLUDES SKILLS FROM #56, 70, 71, 72, & 73

	P2	P3	TEST	Points/ Comments
1. Verified the health care provider's orders.				*
2. Gathered the necessary equipment and supplies.				1
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. Compared the identifiers with the information on the patient's identification bracelet.				*
6. Assessed pain status while explaining the procedure to the patient.				*
7. Applied a gown, goggles, and mask if there was a risk of spray.				*
8. Positioned the patient comfortably, and draped him or her to expose only the wound site. Instructed the patient not to touch the wound or the sterile supplies.				2
9. Protected the bedding by slipping a waterproof pad or an extra towel under the patient.				1
10. Placed a disposable biohazard bag within reach of work area. Folded the top of the bag to make a cuff.				1
11. Applied clean disposable gloves.				*
12. Removed dressing: Pulled the tape parallel to the skin, toward the dressing, while holding down the uninjured skin. Pulled in the direction of any hair growth. If necessary, secured the patient's permission to clip or shave the area according to agency's policy. Removed any adhesive from the skin.				2
13. With a clean, gloved hand or forceps, removed the old packed dressing one layer at a time. Observed the appearance of any drainage. Discarded the outside dressing first. Worked slowly and carefully. Kept the soiled underside of the dressings out of the patient's sight. Removed all packed dressing from inside of wound. Used forceps if necessary.				2
14. Folded the dressing so that the drainage was contained inside it, and removed gloves inside out. If the dressing was small, pulled one glove inside out over the dressing.				1
15. Disposed of the gloves and soiled dressing according to agency's policy. Performed hand hygiene				*
16. Created a sterile field on the overbed table, opening individually wrapped sterile supplies, including culture tube and irrigation supplies				*

without contamination.			
17. Applied sterile gloves			*
18. Inspected the color and integrity of the wound. Looked for edema, exudate, and loss of skin integrity. Noted the temperature, presence of edema or moisture, and the condition of the skin surrounding the wound. Assessed for odor.			3
19. Gently palpated the edges of the wound to determine whether the patient's pain had increased and to assess for drainage and bogginess.			2
20. Measured the length, width, and depth of the wound Determined the depth of undermining tissue with a new sterile cotton-tipped applicator.			2
21. Irrigated wound: a. Used an already prepared catheter syringe or attached a soft catheter to a filled irrigation syringe. b. Gently inserted the catheter tip into the wound opening to a depth of 1 cm. c. Flushed the wound, used slow, continuous pressure. d. Moved the syringe around being sure to irrigate all parts of the wound. e. Repeated process if needed.			5
22. Removed soiled gloves and performed hand hygiene and applied new sterile gloves if needed. Cleansed the area around the wound edges with an antiseptic swab, moving from the edges outward. Wiped away all of the old exudate.			*
23. Used dry gauze to blot the wound dry.			1
24. Disposed of gloves and performed hand hygiene.			*
25. Opens remaining sterile supplies if needed.			1
26. Pouring Sterile solution a. Verified the contents and expiration date of the solution.			*
b. Made sure the receptacle for the solution was placed near the edge of the table or other sterile work surface. Kept the receptacle away from the 1-inch border of the sterile field.			1
c. Used a downward motion to remove the sterile seal and cap from the bottle. Removes the bottle cap and sets it upside down without contaminating the lip of the bottle or the cap.			1
d. Held the solution bottle away from the sterile field, with the label facing the palm and the lip of the bottle 2.5 to 5 cm above the inside of the sterile receptacle.			1
e. Poured sterile solution over the opened package of 4 × 4 gauze without splashing onto sterile field or causing contamination			*
f. Recaps the bottle, label with date, time, initials, and sets it outside of the sterile field.			1
27. Opened the packages containing the sterile culture tube Labeled each specimen tube and verified information in front of the patient.			*

28	Applied a new set of sterile gloves.		*
29.	Obtained sample for culture:		2
	a. Removed the swab from the culture tube, gently inserted the tip of the swab into the wound in an area of fresh drainage, and gently rotated the swab. Returned the swab to the culture tube.		
	b. Set tube aside		
30.	Applied a dressing Moist to Dry Dressing:		1
	a. Applied antiseptic ointment, if ordered		1
	b. Wrung out the excess solution.		3
	c. Applied the moistened fine-mesh, open weave gauze as a single layer directly onto the surface of the wound. If the wound was deep, used sterile gloved hand or forceps to gently pack the gauze into the wound until all wound surfaces were in contact with the moistened gauze. Ensured that any dead space from sinus tracts, undermining, or tunneling had been loosely packed with gauze.		*
	d. Did not let the gauze touch the skin around the wound. Filled the wound, but avoided packing it too tightly or allowing the gauze to extend beyond the top of the wound.		*
	e. Applied a dry, sterile gauze pad over the wet gauze.		1
	f. Covered the wound with an ABD pad, Surgipad, or gauze.		1
31.	Secured the dressing with rolled gauze for circumferential dressings; with tape, Montgomery ties, or straps applied perpendicular to the wound; or with a binder.		1
32.	Initialed the tape with the date and time.		*
33.	Removed any personal protective equipment used. Applied clean gloves to dispose of soiled supplies.		*
34.	Disposed of used supplies and equipment.		1
35.	Placed the specimen in a biohazard bag prepared to send to the lab		1
36.	Helped the patient into a comfortable position, and placed toiletries and personal items within reach.		1
37.	Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.		*
38.	Raised the appropriate number of side rails and lowered the bed to the lowest position. Bed wheels locked		*
39.	Removed and disposed of gloves. Performed hand hygiene.		*
40.	Sent the specimen to the lab immediately		*
41.	Documented and reported the patient's response and expected or unexpected outcomes.		*

LABORATORY REQUEST – INPATIENT			Sample # _____
ORDERING MD: _____		ORDER INFO DATE _____ TIME _____ BY _____	ORDERED IN LIS BY: _____
		TO BE DONE _____	COLLECTED BY _____ TIME _____
		INSTRUCTIONS _____	DATE/TIME RECEIVED _____
		ROOM No. _____	<input type="checkbox"/> TECH CALLBACK CHARGE
FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO			

HEMATOLOGY/COAGULATION	URINALYSIS/URINE CHEMISTRY	PANELS & CONVENIENCE PROFILES	
261 <input type="checkbox"/> CBC	5 <input type="checkbox"/> URINALYSIS, COMPLETE	7 <input type="checkbox"/> ARTHRITIS PROFILE	
1 <input type="checkbox"/> CBC W/DIFFERENTIAL	423 <input type="checkbox"/> URINALYSIS, CHEM ONLY	F3 <input type="checkbox"/> BASIC METABOLIC PANEL (BMP)	
54 <input type="checkbox"/> HEMATOCRIT	14 <input type="checkbox"/> CREATININE CLEARANCE	2 <input type="checkbox"/> CARDIAC ENZYME PROFILE	
71 <input type="checkbox"/> PLATELET COUNT	570 <input type="checkbox"/> MICROALBUMIN SCREEN	F2 <input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP)	
78 <input type="checkbox"/> RETIC COUNT	331 <input type="checkbox"/> URINE AMYLASE _____ HR	F1 <input type="checkbox"/> ELECTROLYTE PANEL	
194 <input type="checkbox"/> SED RATE (ESR)	404 <input type="checkbox"/> URINE CALCIUM 24 HR	F4 <input type="checkbox"/> HEPATIC FUNCTION PANEL + GGT	
41 <input type="checkbox"/> PROTIME	476 <input type="checkbox"/> URINE GLUCOSE 24 HR	F7 <input type="checkbox"/> LIPID PANEL	
42 <input type="checkbox"/> APTT	415 <input type="checkbox"/> URINE PHOSPHOROUS 24 HR	10 <input type="checkbox"/> METABOLIC 10 PROFILE	
95 <input type="checkbox"/> FIBRINOGEN	346 <input type="checkbox"/> URINE PROTEIN 24 HR	4 <input type="checkbox"/> PRENATAL PROFILE WITHOUT RUBELLA	
89 <input type="checkbox"/> D-DIMER	49 <input type="checkbox"/> URINE SOD/POT 24 HR	9 <input type="checkbox"/> PRENATAL PROFILE WITH RUBELLA	
92 <input type="checkbox"/> BLEEDING TIME	³²⁹ ₃₃₀ <input type="checkbox"/> URINE SOD/POT, RANDOM	13 <input type="checkbox"/> RENAL FUNCTION PANEL	
<input type="checkbox"/>	12 <input type="checkbox"/> URINE URIC ACID 24 HR	15 <input type="checkbox"/> THYROID PROFILE (TSH + FT4)	
BLOOD BANK	INDIVIDUAL CHEMISTRIES		
47 <input type="checkbox"/> TYPE & Rh	113 <input type="checkbox"/> ALBUMIN		
595 <input type="checkbox"/> ANTIBODY SCREEN	122 <input type="checkbox"/> ALK PHOSPHATASE		
228 <input type="checkbox"/> DIRECT COOMBS (DAT)	125 <input type="checkbox"/> ALT (SGPT)		
322 <input type="checkbox"/> CROSSMATCH x _____	205 <input type="checkbox"/> AMYLASE		
522 <input type="checkbox"/> AUTOLOGOUS x _____	124 <input type="checkbox"/> AST (SGOT)		
722 <input type="checkbox"/> FRESH FR PLASMA x _____	119 <input type="checkbox"/> BILIRUBIN, TOTAL		
2 <input type="checkbox"/> PLATELETPHERESIS x _____	120 <input type="checkbox"/> BILIRUBIN, DIRECT		
822 <input type="checkbox"/> CRYOPRECIPITATE x _____	101 <input type="checkbox"/> BUN		
380 <input type="checkbox"/> RhoGAM IF INDICATED	114 <input type="checkbox"/> CALCIUM		
MICROBIOLOGY			
SPECIMEN SOURCE:	104 <input type="checkbox"/> CHLORIDE		
	115 <input type="checkbox"/> CHOLESTEROL		
	105 <input type="checkbox"/> CARBON DIOXIDE (CO2)		
	127 <input type="checkbox"/> CK (CPK), TOTAL		
	109 <input type="checkbox"/> CREATININE		
	300 <input type="checkbox"/> FERRITIN		
	168 <input type="checkbox"/> FT4 (FREE T4)		
	130 <input type="checkbox"/> GGT		
	108 <input type="checkbox"/> GLUCOSE		
	18 <input type="checkbox"/> GLUCOSE TOL _____ HRS		
	311 <input type="checkbox"/> GLYCOHEMOGLOBIN		
	999 <input type="checkbox"/> IRON		
	314 <input type="checkbox"/> LACTIC ACID		
	123 <input type="checkbox"/> LD (LDH)		
	237 <input type="checkbox"/> MAGNESIUM		
	189 <input type="checkbox"/> PHOSPHOROUS		
	103 <input type="checkbox"/> POTASSIUM		
	631 <input type="checkbox"/> PREALBUMIN		
	112 <input type="checkbox"/> PROTEIN, TOTAL		
	1008 <input type="checkbox"/> PSA (PROSTATIC SP ANT)		
	102 <input type="checkbox"/> SODIUM		
	126 <input type="checkbox"/> TRIGLYCERIDES		
	510 <input type="checkbox"/> TROPONIN I (COMPLEXED)		
	164 <input type="checkbox"/> TSH (THYR STIM HOR)		
	118 <input type="checkbox"/> URIC ACID		
THERAPEUTIC/TOXIC DRUGS		IMMUNOLOGY & PREGNANCY	
DOSE TIME:		209 <input type="checkbox"/> ASO	
258 <input type="checkbox"/> ACETAMINOPHEN		235 <input type="checkbox"/> MONO SCREEN	
199 <input type="checkbox"/> CARBAMAZEPINE (TEGRETOL)		242 <input type="checkbox"/> PREGNANCY, HCG, QUAL	
499 <input type="checkbox"/> DIGOXIN		96 <input type="checkbox"/> PREGNANCY, BHCG, QUAN	
203 <input type="checkbox"/> ETHANOL (Blood Alcohol)		244 <input type="checkbox"/> RA (RHEUMATOID FACT)	
234 <input type="checkbox"/> GENTAMICIN, RANDOM		246 <input type="checkbox"/> RPR	
501 <input type="checkbox"/> GENTAMICIN, TROUGH		341 <input type="checkbox"/> RUBELLA	
589 <input type="checkbox"/> GENTAMICIN, PEAK		BODY FLUIDS	
317 <input type="checkbox"/> LITHIUM		SPINAL FLUID (CSF)	
335 <input type="checkbox"/> PHENOBARBITAL		343 <input type="checkbox"/> CELL COUNT W/DIFF	
227 <input type="checkbox"/> PHENYTOIN (DILANTIN)		312 <input type="checkbox"/> CHLORIDE	
248 <input type="checkbox"/> SALICYLATE		107 <input type="checkbox"/> GLUCOSE	
355 <input type="checkbox"/> THEOPHYLLINE		585 <input type="checkbox"/> PROTEIN, TOTAL	
323 <input type="checkbox"/> VALPROIC ACID (DEPAKENE)		OTHER FLUID _____	
511 <input type="checkbox"/> VANCOMYCIN, RANDOM		550 <input type="checkbox"/> AMNIOTIC FLUID PG	
326 <input type="checkbox"/> VANCOMYCIN, TROUGH		813 <input type="checkbox"/> AMYLASE	
327 <input type="checkbox"/> VANCOMYCIN, PEAK		343 <input type="checkbox"/> CELL COUNT W/DIFF	
378 <input type="checkbox"/> TRIAGE		153 <input type="checkbox"/> CRYSTALS	
(STAT URINE TOXIC		506 <input type="checkbox"/> GLUCOSE	
SCREEN ONLY)		809 <input type="checkbox"/> LDH	
		17 <input type="checkbox"/> pH	
		151 <input type="checkbox"/> PROTEIN, TOTAL	
NON LISTED TESTS		811 <input type="checkbox"/> URIC ACID	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

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