

Chlorhexidine 0.1% irrigation for wound antisepsis

SESLHDPR/450

POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse-initiated medication' to children greater than 16 years and adults. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.¹

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart or on the patient's wound care plan clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e., more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

For skin and wound irrigation or dressing to prevent and control infection.

CONTRAINDICATIONS

Hypersensitivity to chlorhexidine. Chlorhexidine may cause anaphylaxis
Do not use to irrigate the brain, meninges, eyes, or perforated eardrums.
Do not use in body cavities or as an enema

PRECAUTIONS

For external use only. Not for injection, for irrigation only.
Not isotonic and is haemolytic.
Not to be used as a preoperative skin preparation for face or head

HISTORY/ASSESSMENT

Assess wound for bleeding or signs of infection.

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PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Chlorhexidine 0.1% Irrigation Solution	After cleansing, apply the minimum amount necessary to cover the wound area and wash gently. Rinse again thoroughly. Use once only and discard any remaining solution.	Topical	Once
Cleanse the area with water for irrigation prior to use.			

MONITORING – POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitor for potential skin irritation and hypersensitivity. If these reactions occur, discontinue use.

Monitor wound for signs of healing or infection.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart or wound care plan, noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

Do not apply to bleeding areas or allow to contact the conjunctiva of the eye

REFERENCES/FURTHER READING

1. [NSW Health Policy Directive Medication Handling PD2022_032](#)
2. [MIMS Online](#). Pfizer (Australia) Chlorhexidine Irrigation Solution. 01 June 2020.

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REVISION and APPROVAL HISTORY

Date	Version Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, St George Hospital
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made and references updated
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. No changes required.
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee
June 2023	DRAFT 4	NSW Medicines Formulary reviewed. Reviewed by nursing and pharmacy staff.
September 2023	4	Approved by SESLHD Drug and Therapeutics Committee
August 2025	5	Approved by SESLHD Drug and Therapeutics Committee