

WOUND IRRIGATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To clean and irrigate wound using aseptic technique

2. PATIENT

- Any woman with an open wound

3. STAFF

- Medical nursing and midwifery staff

4. EQUIPMENT

- Basic dressing pack
- Sterile syringe (size dependent upon wound size) or Sterile Irrigation catheter +/- female catheter (FG 14X160mm)
- Irrigation solution (Normal Saline usually) warmed to body temperature
- Blue under sheet
- Kidney dish
- Sterile gloves
- Personal protective equipment (plastic gown, non-sterile gloves and goggles)
- Sterile dressing as ordered

5. CLINICAL PRACTICE

- Complete pre-procedure requirements in accordance with Level 1 Procedures within [NSW Ministry of Health PD2014_036- Clinical Procedure Safety](#) including:
 - Confirmation of patient identification
 - Procedure verification confirmed with patient and matches treatment plan
- Offer analgesia and wait required time for effect
- Organise equipment
- Screen patient to ensure privacy
- Assist patient into a position to facilitate drainage when irrigating the wound (eg, on their side for an abdominal wound)
- Place blue under sheet under the patient and kidney dish below the wound
- Wash Hands in accordance with [SESLHD PR/343-Hand Hygiene and bare below the elbows](#)
- Prepare sterile field
- Put on non-sterile gloves and remove existing dressing
- Remove non-sterile gloves and perform hand hygiene (Moment 3) and put on sterile gloves
- Attach syringe and irrigation catheter
- Insert catheter gently into wound until resistance is felt
- Instil a steady stream of irrigating solution into the wound, using the syringe (+/- catheter), ensuring all areas are irrigated
- Continue irrigating until return is clear
- Clean and dry around the wound site
- Redress as per [Wound Care Assessment and Management Plan](#) which includes instructions on cleansing of wound, primary and secondary dressing and fixation of dressing.
- Remove kidney dish carefully and dispose of contents
- Dispose of rubbish adhering to infection control policy

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
April 2016

WOUND IRRIGATION cont'd

- Complete Post-procedure requirements in accordance with Level 1 Procedures within NSW Ministry of Health PD2014_036- Clinical Procedure Safety including:
 - Documentation in the health care record
 - Post procedure instructions and advice for clinical handover
- Perform hand hygiene (Moment 3)
- Ensure patient comfort

6. DOCUMENTATION

- Wound Care assessment and management plan
- Integrated clinical notes
- Clinical care pathway

7. EDUCATIONAL NOTES

- Avoid forcing catheter into the wound to prevent tissue damage, or in an abdominal wound, intestinal perforation.
- If the wound isn't particularly small or deep a syringe may be all that is needed to irrigate the wound.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

NSW Infection Control Policy:

http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf

NSW Hand Hygiene Policy:

http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_058.pdf

SESLHD Wound Assessment and Management – October 2015

[Wound - assessment and management](#)

SESLHD Managing pain at dressing change- November 2015

[Wound Management - managing pain at dressing change](#)

9. RISK RATING

- LOW

10. NATIONAL STANDARD

- **CC – Comprehensive Care**

11. REFERENCES

1. McConnell, A. & Dufour, J.L. (2002) 'Surgical Patient Care' in *Illustrated Manual of Nursing Practice*, 3rd edn, Springhouse Lippincott Williams & Wilkins
2. Carville, K (2012) *Wound Care Manual* (6th ed). Silver Chain Foundation, Perth.

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