SPECIAL DIRECTIONS OR NOTATIONS:
- Successful completion of the “Sterile Technique” module is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic topical medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAIs may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAIs, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
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<table>
<thead>
<tr>
<th>TIME FRAME</th>
<th>LEARNING OBJECTIVES</th>
<th>RELATED CONTENT (OUTLINE)</th>
<th>LEARNING ACTIVITIES</th>
<th>EVALUATION</th>
</tr>
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<tbody>
<tr>
<td>7 hours (both sections)</td>
<td><strong>Part A:</strong> Sterile Dressing Change for Wounds Over 48 Hours Old</td>
<td><strong>A. Types of Wounds</strong>&lt;br&gt;1. Open&lt;br&gt;   a. incision&lt;br&gt;   b. laceration&lt;br&gt;   c. abrasion&lt;br&gt;   d. avulsion&lt;br&gt;   e. ulceration&lt;br&gt;   f. puncture&lt;br&gt;2. Closed</td>
<td>Lecture/discussion</td>
<td>Written test (Part A &amp; B)</td>
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<td>Distinguish between open and closed wounds</td>
<td><strong>B. Body’s Response to:</strong>&lt;br&gt;1. Inflammatory response&lt;br&gt;2. Factors affecting wound healing&lt;br&gt;   a. extent of injury&lt;br&gt;   b. blood supply&lt;br&gt;   c. type of injury&lt;br&gt;   d. presence of debris&lt;br&gt;   e. presence of infection&lt;br&gt;   f. health of client</td>
<td>Laboratory demonstration and return demonstration of the steps in applying a sterile dressing to a clean wound</td>
<td>Skills Checklist Competency Evaluation in Clinical Setting (Part A &amp; B)</td>
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<td>Identify types of open wounds</td>
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<td>Describe factors affecting wound healing</td>
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<td>List reasons for dressing a wound</td>
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<td>Describe differences among commonly used dressing materials</td>
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Skill Module 4: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours Old
(Part A & B)

<table>
<thead>
<tr>
<th>Describe the steps in applying a sterile dressing</th>
<th>C. Wound Care</th>
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<tbody>
<tr>
<td></td>
<td>1. Undressing a wound</td>
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<tr>
<td></td>
<td>2. Dressing a wound</td>
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### Skill Module 4: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours Old  
(Part A & B)

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<tr>
<td></td>
<td></td>
<td>a. materials</td>
<td></td>
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<td>b. procedure</td>
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<td>c. physical findings</td>
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<td>d. documentation</td>
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#### Part B:

Wound Irrigation for Wounds Over 48 Hours Old

Discuss the purpose of wound irrigation

Describe the procedure for irrigating a wound

D. Irrigation
   1. Purpose
   2. Materials
      a. syringe
      b. pressurized device
   3. Procedure

Laboratory demonstration and return demonstration of the procedure for irrigating the wound
### Skill Module 4: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours Old (Part A & B)

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Part A: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours Old

SPECIAL DIRECTIONS OR NOTATIONS:

- Successful completion of the “Sterile Technique” module is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic topical medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAIs may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAIs, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
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- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
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COMPETENCY STATEMENT: Demonstrates changing a sterile dressing for wounds over 48 hours old

CRITERIA:

1. Receives directions following assessment of wound by the licensed nurse
2. Explains procedure to client
3. Washes hands
4. Assembles dressing materials needed
5. Uses proper sterile technique to prepare sterile field
6. If removing old dressing
   ▪ Remove old dressing after preparing sterile field to reduce time wound is exposed to air.
   ▪ Puts on clean gloves
   ▪ Removes and discards contaminated dressing and gloves
   ▪ Washes hands
7. Puts on sterile gloves
8. Applies sterile dressing
9. Secures dressing
10. Removes gloves
11. Disposes contaminated gloves
12. Washes hands
13. Documents dressing change
14. Reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by ________________________________.

(Name of student)

RN INSTRUCTOR:

Name/Date

Select One □ Clinical Setting □ Laboratory □ Simulation

Name/Date

Select One □ Clinical Setting □ Laboratory □ Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: ________________________________ Date ________________________________


Page 3 of 5
SKILLS CHECKLIST COMPETENCY EVALUATION

Part B: Wound Care: Wound Irrigation for Wounds Over 48 Hours Old

SPECIAL DIRECTIONS OR NOTATIONS:
- Successful completion of the “Sterile Technique” module 3 is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAII may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAI, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
- Only the licensed nurse (RN or LPN) may assess wounds.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

COMPETENCY STATEMENT: Demonstrates wound irrigation for wounds over 48 hours old.

CRITERIA:
1. Obtains directions from licensed nurse
2. Explains procedure to client
3. Gathers necessary equipment
4. If using sterile technique:
   a. Positions client using waterproof pad
   b. Washes hands
   c. Prepares sterile field
   d. Adds wound sterile irrigating solution to sterile field
   e. If dressing is present, puts on clean gloves, removes** and discards old dressing and gloves and washes hands
   f. Puts on sterile gloves
   g. Using sterile technique, irrigates wound with a non-medicated sterile solution
   h. Uses appropriate devices with licensed nurse instruction
   i. Removes gloves
   j. Discards gloves and equipment
5. If using clean technique only:
   a. Prepares work field
   b. Adds irrigating solution to work field
   c. Washes hands
   d. Positions client using waterproof pad
   e. Puts on gloves
   f. If dressing is present, removes and discards old dressing and gloves, then washes hands and puts on clean gloves
   g. Irrigates wound
   h. Removes gloves
   i. Discards gloves and equipment
6. Follows procedure for sterile or clean dressing application as directed by licensed nurse
7. Washes hands following procedure
8. Documents information
9. Reports information to licensed nurse

**Remove old dressing after preparing sterile field to reduce time wound is exposed to air.
This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

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<tr>
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I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: ___________________________ Date ___________________________