HOW TO CHANGE DRESSINGS HYGIENICALLY
IN SECONDARY HEALING AND CHRONIC WOUNDS
PREPARING THE DRESSING CHANGE

1. Inform the patient about the steps taken in dressing changes, consider pain medication/onset of action
2. Disinfect work area (disposable gloves!); where applicable, cover work area with sterile barrier impervious to liquids
3. Hygienic hand disinfection
4. Reading the required materials
5. Place patient in most comfortable recumbent/sitting position; wound must be easily accessible; ensure good lighting conditions

HANDLING THE WOUND AND DRESSING

8. Gently remove covering dressing
9. No-touch technique: Remove wound filler with sterile tweezers or sterile gloves
10. Check dressing for color, smell, amount of exudate, if needed, swab wound for culture
11. Directly discard disposable materials/waste in a liner impervious to liquids
12. Discard sharps in puncture-resistant container with locking lid
13. Change gloves; perform hygienic hand disinfection
14. Selective cleansing of the wound with sterile irrigating solution; follow the manufacturer’s instructions!
15. Cleanse aseptic wounds from inside out, cleanse septic wounds from outside in, use one sterile pad/swab per wipe
16. Irrigate deep wounds straight from the bottle or with sterile bulb-tip cannula/irrigating catheter
17. Change aseptic wounds, wet bandages, wound packs
18. Change septic wounds

COMPLETION

21. Apply new dressing according to doctor’s order
22. Discard disposable and waste materials; disinfect all point-of-care areas
23. Remove and discard disposable gloves and protective clothing
24. Perform any other measures ordered, e.g., skin care and application of a compression dressing
25. Hygienic hand disinfection
26. Document dressing change

Contact us for your copy of the summary poster ‘Hand Disinfection according to EN 1500’

Examples from the B. Braun range of products

- Prontosan® Wound Gel and Wound Gel X – hydrogels with polihexanide and betaine
- Askina® Sorb – calcium alginate with CMC (insert with sterile tweezers)
- Wound filler

Follow the manufacturer’s instructions!
DRESSING CHANGE IN CHRONIC WOUNDS

**PREPARING THE DRESSING CHANGE**
- Place patient in most comfortable recumbent/sitting position; must be easily accessible; good lighting conditions
- Tie back long hair; wear short-sleeved top; wear disposable cap and face mask
- Put on disposable apron impervious to liquids; perform hygienic hand disinfection; put on disposable gloves
- Askina® DresSil Border – foam dressing with silicone adhesive base
- Askina® Calgitrol® – calcium alginate with silver (apply straight from tube)
- Askina® Foam – non-adherent foam dressing
- Change gloves; perform hygienic hand disinfection
- If necessary, protect wound edges/surroundings with sterile barrier film applicators
- Inspect wound; document wound, possibly with photograph
- Deposit reusable instruments right after use in instrument tray
- Change gloves; perform hygienic hand disinfection

**GOOD TO KNOW**
- Do not wear any jewelry (e.g., rings or watches).
- Wear special protective clothing whenever wound is contaminated with resistant organisms.
- Coordinated procedure, train all caregivers involved in patient treatment.
- Always treat septic wounds with the same hygienic diligence as in aseptic wounds.
- Keep the dressing change order: Aseptic wounds first, then contaminated wounds, followed by infected wounds. Care for wounds with resistant pathogens last.
- Dressings in large wounds should be changed by two people (one actually changing, the other assisting), in order to reduce the risk of contaminating the surroundings!
- Never touch wound with bare hands (no-touch technique).
- Ready required materials on work area/dressing trolley:
  - non-sterile materials close to patient
  - sterile materials away from patient
- Check sterile packaging for expiration date and integrity, and open just before use.
- The healthcare professional uses nonsterile gloves and sterile instruments or sterile gloves on the wound.
- Keep doors and windows closed and do not perform any other activities in the room.

**HANDLING THE WOUND AND DRESSING**
- Time dressing changes according to condition of wound and the needs and objectives of patient
- Discard sharps in puncture-resistant container with locking lid
- Change gloves; perform hygienic hand disinfection
- If necessary, protect wound edges/surroundings with sterile barrier film applicators
- Askina® DresSil Border – foam dressing with silicone adhesive base
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- If necessary, protect wound edges/surroundings with sterile barrier film applicators
**Softa-Man® ViscoRub**

**Composition:** 100 ml solution contains:
- **Active ingredients:** 45 g Ethanol (100%), 18 g Propanol.
- **Excipients:** Purified Water, Butanone, Glycerol, Isopropyl Myristate (Ph.Eur.), Cetearyl Ethylhexanoate, Octyldodecanol (Ph.Eur.), Edetol, Acrylates/C10-30 Alkyl Acrylate Crosspolymer, Bisabolol.

**Therapeutic Indications:** Hygienic and surgical hand disinfection.

**Contraindications:** Hypersensitivity (allergy) to Ethanol, Propanol or any of the other ingredients.

**Side Effects:** Cases of local alcohol-induced irritation symptoms (e.g. itching, redness) may occur, especially after frequent application. Moreover, contact allergy is possible.

**Warnings:** Flammable. Keep container tightly closed. Keep away from sources of ignition - No smoking. Avoid contact with eyes. Do not apply on injured skin or mucous membranes. For external use only. Flash point: 21 to 22 °C (DIN 51 755)

**Last Revision:** 02/2012

**Marketing Authorization Holder:** B. Braun Melsungen AG, 34209 Melsungen, Germany

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**Softasept® N**

**Composition:** 100 g solution contains:
- **Active substances:** 74.1 g ethanol and 10.0 g isopropyl alcohol.
- **Other ingredients:** Purified water.

**Therapeutic Indications:** Skin disinfection before surgical procedures, punctures and injections.

**Contraindications:** Hypersensitivity (allergy) to ethanol, isopropyl alcohol. Not suited for antiseptic treatment of mucous membranes or use in the immediate vicinity of the eyes.

**Possible Side Effects:** Skin irritation such as redness and burning can occur, especially with frequent use. Contact allergies are also possible. **Warnings:** Highly flammable. Keep container tightly closed. Keep away from sources of ignition - No smoking! Do not spray in open flame! Avoid contact with eyes. Do not use on damaged skin or mucous membranes. For external use only. Flash point: 14 °C per DIN 51755.

**Marketing Authorisation Holder:** B. Braun Melsungen AG, 34209 Melsungen Germany (03/2011)

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**References**

S1 Leitlinie chronische und sekundär heilende Wunden - Hygienenanforderung, erstellt durch: Interdisziplinärer Expertenkonsens im Arbeitskreis Krankenhaus und Praxishygiene der AWMF (Arbeitsgemeinschaft der wissenschaftlichen medizinischen Fachgesellschaften), 01/2014

Die Anforderungen der Krankenhaushygiene an Wundverband und Verbandwechsel, Deutsche Gesellschaft für Krankenhaushygiene (DGKH) ISSN 2196-5226 (A. Kramer, B. Ehrigui)

Expertenstandard Pflege von Menschen mit chronischen Wunden, deutsches Netzwerk für Qualitätsentwicklung in der Pflege DNP

Infektionsprävention in Heimen, Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (RKI) 2005, Kapitel 6.4.1 Wundverbände