

PAEDIATRIC NURSING PRACTICE MANUAL  
SECTION 9

WOUND CARE

9.6 GRAFT CARE

9.6.1 OPEN GRAFT CARE

**Aims**

1. To prevent "shearing" of graft.
2. To remove collections of serum and blood between graft and recipient sites.
3. To observe & assess the condition of the graft site.

**Key points**

1. This is a clean [aseptic technique](#).
2. Frequency of assessment and graft care should be determined by surgeon and documented in inpatient notes or post operative orders.
3. Consider appropriate comfort measures/pain relief.
4. Resting splints may be required to allow for optimum healing of grafts, prevention of contractures and patient comfort. Resting splints may be removed from the child as appropriate.
5. If sedation is required for the procedure refer to [PNPM 2.11](#) Administration of Sedative Drugs and Anaesthetic Agents and Clinical Practice Guidelines; [Conscious Sedation](#).
6. Refer to [PNPM 1.11](#) Clinical Holding, if assistance is required to hold a child during the procedure.

**Equipment**

70% Alcohol (for decontaminating trolley)  
Dressing trolley  
Dressing pack  
Sterile swabbing solution (sodium chloride 0.9% <sup>1,2</sup> is normally used to clean wounds)  
Disposable gloves  
Sterile forceps (non-toothed)  
Sterile cotton tip applicators  
Sterile fine scissors  
Bag to dispose of used items  
Sterile paraffin ointment

**Additional equipment which may be required**

Sterile gauze of appropriate size (if wet packs to be applied)  
Sterile gloves (if using finger to apply paraffin)

PROCEDURE	ADDITIONAL INFORMATION
Administer analgesia and/or sedation as required.	
Perform hand hygiene. Decontaminate trolley with alcohol 70% prior to procedure set up. Perform hand hygiene.	
Open dressing pack and prepare equipment. Perform hand hygiene.	
Using 0.9% sodium chloride soaked gauze or sterile cotton tip applicators, gently clean from the centre of the graft towards the edge. Clean any crusty collection away from graft surface and edges	This may prevent sliding and dislodgement of the graft across the wound bed. Use a rolling motion if using cotton tip applicators.
<b>To express fluid collection:</b> Using the flat surface of sterile forceps (non-toothed) or sterile cotton tip applicators apply gentle pressure to express fluid eg. seromas +/-haematomas towards a split in the graft. <b>Note:</b> New slit(s) may be made (above the collection of fluid) using sterile fine sharp scissors to cut or a 23g needle to make a exit hole for the fluid.	Do not roll fluid collected beneath the graft across the wound bed as this will compromise the grafts ability to adhere in the initial 24-48 hours.
Dab off fluid from the graft with sterile gauze or sterile cotton tip applicators. If not using sterile forceps to hold the gauze, wear sterile gloves.	Do not use cotton wool as the fibres can remain on the graft.
Apply a thin layer of sterile paraffin ointment over the graft with a sterile gloved finger or sterile cotton tip applicators. Dispose of dressing materials. Remove gloves. Perform hand hygiene.	Keeps the graft moist, stabilises the edge and prevents desiccation.
If ordered, apply wet packs of sodium chloride over the grafts for 48 hours.	These must be thick, kept moist and removed gently.

PROCEDURE	ADDITIONAL INFORMATION
Repeat every 2-4 hourly (or as ordered by the surgeon) for 48 hours.	
As healing of the graft progresses, decrease frequency of treatment.	
Remove sutures after 4 or 5 days ( <a href="#">PNPM 9.5.2</a> Removal of Plain Interrupted Sutures or Staples) and trim the edges.	Analgesia and/or sedation may be required.
Document assessment of graft in inpatient progress notes once per shift and update wound management care plan MR 851.05 as appropriate.	

### References:

1. Hom DB. Incision placement [Expert opinion]. eMedicine Specialties: Otolaryngology and Facial Plastic Surgery: Wound Healing and Care 2008. Available from: <http://emedicine.medscape.com/article/884692-overview>. Accessed: 30 January 2010.
2. Brown P. Surgical wounds and radiation burns. In: Quick reference to wound care Ch.12 2nd ed. Sudbury MA: Jones and Bartlett; 2005

### Bibliography:

- Royal Perth Hospital. Nursing Practice Standard for the Application and Management of Split Skin Grafts for Plastic Surgery. 2007. Accessed 30<sup>th</sup> October 2009. Available from [http://servio.rph.health.wa.gov.au/pls/portal30/docs/FOLDER/NURSING\\_SERVICES/MANUALS/NURSING\\_PRACTICE\\_MANUAL/NURSING\\_PRACTICE\\_MANUAL\\_HOSPITAL\\_WIDE/S\\_TO\\_Z/S+-SPLIT+SKIN+GRAFTS+FOR+PLASTIC+SURGERY+APPLICATION+%26+MANAGEMENT+OF+NPS.PDF](http://servio.rph.health.wa.gov.au/pls/portal30/docs/FOLDER/NURSING_SERVICES/MANUALS/NURSING_PRACTICE_MANUAL/NURSING_PRACTICE_MANUAL_HOSPITAL_WIDE/S_TO_Z/S+-SPLIT+SKIN+GRAFTS+FOR+PLASTIC+SURGERY+APPLICATION+%26+MANAGEMENT+OF+NPS.PDF)
- Sir Charles Gairdner Hospital. Nursing Practice Guideline; Skin Grafts and Graft Care. 2009. Accessed 30<sup>th</sup> October 2009. Available from [http://chips/nursing\\_services/nursing\\_practice\\_guidelines/pdf/Skin%20Graft%20and%20Skin%20Care%20\(38\).pdf](http://chips/nursing_services/nursing_practice_guidelines/pdf/Skin%20Graft%20and%20Skin%20Care%20(38).pdf)
- McRae S. The Joanna Briggs Institute Evidence Summary; Skin Graft Management. 2008. Accessed 30<sup>th</sup> October 2009. Available from [http://www.jbiconnect.org/acutecare/docs/jbi/cis/connect\\_gu\\_view\\_summary.php?SID=5165](http://www.jbiconnect.org/acutecare/docs/jbi/cis/connect_gu_view_summary.php?SID=5165)