



SECTION 9: WOUND CARE

9.4 Cavity Wounds

9.4.3 Packing a Sinus or Cavity

Aims

1. To maintain a moist wound environment.¹
2. To assist in removal of wound exudate and/or foreign material and bacteria.¹
3. To encourage formation of granulation tissue.

Background

A sinus or cavity wound results in dead space in the soft tissue with the potential for abscess formation. Dressings for these type of wounds should allow for adequate drainage of exudate, stimulate growth of granulation tissue and prevent premature closing of the wound. In most cases this type of treatment is sufficient.

Key points

- Use aseptic non touch technique ([A&NTT](#)) for all wound care procedures.
- Prior to commencing the procedure, ensure the wound has been confirmed is a sinus or cavity and not a fistula which requires different management.
- Consult with CNC Stomal and Wound Therapy for appropriate packing material and dressing. Refer also to the ['Guide to choosing the appropriate dressing'](#).
- Refer to [PNPM 1.11](#) Clinical Holding if assistance is required to hold a child during the procedure.

Equipment

Dressing pack & Dressing trolley

Sterile swabbing solution (sodium chloride 0.9% ^{2,3} unless otherwise instructed)

Disposable gloves

Bag to dispose of used items

10mL syringe (for irrigating)

Packing material eg. Calcium Alginate dressing

Secondary dressing

2 x sterile dressing forceps


Sterile scissors

Steps	Additional Information
1. Consider need for appropriate comfort measures/pain control. Administer analgesia 30 minutes prior to procedure if required.	
2. Perform hand hygiene and gather equipment. Decontaminate trolley and prepare equipment as per ANTT protocol.	
3. Perform hand hygiene and don gloves. Remove old dressing and discard.	Moisten with saline if necessary. ⁴
4. Inspect the wound for signs and symptoms of deterioration, infection and/or pain/discomfort.	Refer to Wound Assessment and Dressing Selection guide.
5. Perform hand hygiene & don new gloves. Using the 10mL syringe, clean/irrigate the wound with a gentle stream of normal saline (warmed to approximate body temperature).	A gentle stream ensures that the wound surface is not damaged. ⁵⁻⁷
6. Inspect the size and depth of the wound and amount of exudate ⁷	This will determine the type and length of the packing material required.
7. Using a non touch technique, place the packing material at the wound entry.	Packing will prevent wound closure before complete granulation of the wound bed has occurred.
8. Using the forceps, pack the wound lightly so that all surfaces are touched ⁴ and the packing material is level with the skin surface.	Packing that encroaches on the unaffected skin edges can cause maceration of this tissue. ⁸ Packing the wound too firmly may delay granulation. ⁹
9. Cover wound with appropriate secondary dressing material and seal with bandage or tape.	The wound covering will depend upon the type of packing material used.
10. Document condition of the wound on the wound management plan.	

Related policy, procedures and guidelines.
PNPM 9.1.1 Wound Assessment, Dressing Selection and Cleansing Solutions
Aseptic Non Touch Technique Clinical Practice Framework
PNPM 9.3.2 for Vacuum Assisted Closure (VAC) dressings.
PNPM 5.5.1 Collection of a Wound Swab

References:

1. James B, Wound Dressings In: JBI CoNECT. Adelaide: Joanna Briggs Institute; 2007.
2. Hom DB. Incision placement [Expert opinion]. eMedicine Specialties: Otolaryngology and Facial Plastic Surgery: Wound Healing and Care 2012. Available from: <http://emedicine.medscape.com/article/884692-overview>. Accessed: 2 May 2014
3. Brown P. Surgical wounds and radiation burns. In: Quick reference to wound care Ch.12 2nd ed. Sudbury MA: Jones and Bartlett; 2005.
4. Wound Healing and Management Group (JBI). Cavity Wounds [online] Wound Practice & Research: Journal of the Australian Wound Management Association,.20:3:120-122; 2012.
5. Baranoski S & Ayello E, Editor/s. Wound care essentials: Practice principles. In: S Gardner & R Frants, Wound Bioburden. Springhouse: Lippencott: Williams & Wilkins; 2004.
6. Lawrence J. Wound Irrigation [Literature review]. J Wound Care. 6:1:23-26; 1997.
7. Templeton S. Promoting evidence based nursing practice- wound swabbing. The Pursuit of Excellence 2002.
8. Cutting K. Exudate: composition and functions. In: R IW, editor. Trends in wound care. Salisbury: Quay Books; 2004.
9. Hess CT. Wound Care p.24. 4th ed. Springhouse PA: Lippincott Williams & Wilkins; 2002.

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