

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 9

WOUND CARE

9.4 CAVITY WOUNDS

9.4.1 SALINE COMPRESS FOR SUPERFICIAL WOUNDS

Aims

1. To maintain a moist wound environment.
2. To assist in removal of slough.
3. To facilitate the healing process.

Indications

Saline compresses are usually ordered and documented in the patient's notes prior to a planned surgical intervention(s) eg. grafting.

Key Points

1. This is an [aseptic technique](#).
2. For appropriate dressing selection click [here](#).
3. 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 pack
Dressing trolley
Sterile forceps
Sterile swabbing solution (sodium chloride 0.9% ^{1,2} is normally used to clean wounds)
Disposable gloves
Bag to dispose of used items
Compress solution as ordered eg.0.9% saline
Sterile surgical gauze
Tulle Gras dressing eg. Adaptic™
Secondary dressing eg. Combine
Dressing forceps
Sterile surgical scissors

PROCEDURE	ADDITIONAL INFORMATION
Consider need for appropriate comfort measures/pain control. Administer analgesia at least 20 minutes prior to procedure If required.	
Prior to procedure set up Perform hand hygiene. Decontaminate trolley with alcohol 70%	

PROCEDURE	ADDITIONAL INFORMATION
Open dressing pack and prepare equipment.	Do not allow fingers to come in to contact with sterile dressings or the wound.
Perform hand hygiene. Using disposable glove or forceps remove the old dressing and discard.	
Inspect the wound for; size, signs and symptoms of deterioration, exudate, infection, odour and/or pain/discomfort.	As per PNPM 9.1.1 Wound Assessment and Dressing Selection.
Perform hand hygiene. Working from the inside to the outside of the area and dealing with the cleaner parts first, swab the wound with normal saline until it is clean. Use each swab once only.	Use sterile forceps to hold the gauze swabs. For cavities or complex wounds consider irrigating with sodium chloride.
Dry area with a dry gauze swab.	Do not use cotton wool as this can deposit strands that will stick to the cleaned area.
Using forceps moisten the gauze in the compress solution and squeeze out excess moisture.	Excess moisture can impair healing and damage the surrounding skin. ³
Cut off any excess gauze and apply the moistened gauze to fit within the wound bed.	Ensure that the moistened gauze covers only the wound.
Apply Tulle Gras dressing eg. <i>Adaptic™</i> to wound.	These dressings are designed to help protect the wound while preventing the secondary dressing from adhering to the wound.
Cover the wound with the secondary dressing and secure with tape.	A bandage may also be required to secure.

References:

1. Hom DB. Incision placement [Expert opinion]. eMedicine Specialties: Otolaryngology and Facial Plastic Surgery: Wound Healing and Care 2008. Available from: <http://www.emedicine.com/ent/topic34.htm>. Accessed: 13 November 2007.
2. Brown P. Surgical wounds and radiation burns. In: Quick reference to wound care Ch.12 2nd ed. Sudbury MA: Jones and Bartlett; 2005.
3. Baronski S & Ayello EA Wound Care Essentials. Ch 9 3rd ed. Lippincott Williams & Wilkins 2012

Bibliography:

Cooper, P. Russell, F. & Stringfellow, S. 2004. Best Practice Statement Minimising Trauma and Pain in Wound Management. Issue 1. Tendra Academy, Molnlycke Health Care. Available from www.wounds-uk.com. Accessed 23rd April 2010.

Date Issued: August 2005
Date Revised: October 2012
Review Date: October 2014
Authorised by: Paediatric Nursing Practice Committee
Review Team: CNC Stomal Therapy and Wound Management

Saline Compress for Superficial Wounds
Cavity Wounds
Paediatric Nursing Practice Manual (PNPM)
Princess Margaret Hospital
Perth, Western Australia