



NATIONAL NURSING AUDIT MINISTRY OF HEALTH MALAYSIA
ELEMENT 5: CONTINUUM OF CARE

5.3 ASEPTIC WOUND DRESSING

2. INTRODUCTION

Aseptic technique is employed to maximize and maintain asepsis and is applicable in any clinical setting. According to S. Rowley (UCLH, 2003) states, *“research shows one of the most effective way of containing hospital acquired infection is through the application of a standardized aseptic technique for clinical procedures”*.

“Asepsis is a method by which we prevent microbial contamination during invasive procedure or care of breaches in the skin’s integrity” (ICNA, 2003). Two types of asepsis can be classified: medical and surgical asepsis (Ayliffe, 2000).

Medical asepsis is where all *“procedures used to protect the patient and his environment from the spread of infectious organisms.”*

Surgical asepsis is a strict process and includes *“procedures used to sterilize and to keep sterile any objects or articles that are to be introduced into a wound or body cavity or that is to penetrate the skin.”*

([http://nursing411.org/Courses/MDo540 Sterile Procedures/2-01 Sterile procedures.html](http://nursing411.org/Courses/MDo540%20Sterile%20Procedures/2-01%20Sterile%20procedures.html))

Wound dressing is a core nursing responsibilities and utilizes aseptic technique. The goal of aseptic technique is to protect the patient from infection.

2. STANDARD :

The nurses observe principles of surgical aseptic technique during wound dressing to minimize introduction of potential infection and or its spread.

2. OBJECTIVES :

- 2.1 To ensure nurses perform wound dressing using principles of aseptic technique.
- 2.2 To assess the caring component during dressing
- 2.3 To document findings accurately and completely in patient's medical record.

4 CRITERIA**Structure**

1. Screen / Procedure Room.
2. Dressing trolley.
3. Hand-washing facilities/ hand rub.
4. Relevant protective personal equipment (PPE).
5. Clinical waste bin.
6. Domestic waste bin.
7. Protective cover.
8. Sterile dressing set.
9. Sterile soft dressings.
10. Cleansing agent.
11. Adhesive tapes.
12. Standard Operating Procedure (SOP) / Wound Care Manual 1st Edition 2014, KKM.
13. Policies and Procedure on Infection Control 2nd Edition 2010.
14. The nurse is competent in performing aseptic wound dressing.

Process

1. Identify the right patient.
2. Identify type of wound dressing required.
3. Greet patient.
4. Explain the procedure.
5. Perform pain assessment.
6. Administer analgesic if indicated.
7. Perform hand hygiene.
8. Wear mask.
9. Prepare trolley for dressing.
10. Provide privacy.
11. Place patient in a comfortable position.
12. Place protective cover.
13. Perform hand hygiene.
14. Open outer layer of dressing set.
15. Discard soiled dressing.
16. Assess wound.
17. Perform hand hygiene.
18. Open inner layer of dressing set.
19. Pour cleansing agent, add soft dressings / supplementary.
20. Perform hand hygiene.
21. Wear sterile gloves
22. Perform dressing
23. Secure the dressing
24. Make patient comfortable after procedure.
25. Discard used dressing set
26. Perform hand hygiene.
27. Document findings.

Outcome

1. Dressing performed adhering to principles of aseptic technique.
2. Patient is informed of the progress of his/her wound.
3. Respect and comfort of patient is maintained.
4. Wound findings and its progress are documented.

5. METHODOLOGY

- | | | | |
|-----|--------------------------|---|--|
| 5.1 | Design | : | Direct observation of Registered Nurse performing wound dressing |
| 5.2 | Setting | : | All Wards/ Unit/ Clinics |
| 5.3 | Population | : | Registered Nurses |
| | 5.3.1 Inclusion criteria | : | All patients with wounds |
| | 5.3.2 Exclusion criteria | : | Burn wound |
| 5.4 | Sample Design | : | Convenient sampling |
| 5.5 | Sample size | : | 30% of registered nurse in wards |
| 5.6 | Time frame | : | 2 months |
| 5.7 | Instrument | : | Check list (E5-AF 5.3) – one check list for one observation. |

6. DEFINITION OF OPERATIONAL TERMS:

- 6.1 HAND HYGIENE** – washing hands with soap and water, or other detergents containing an antiseptic agent (WHO, 2009).

6.2 MAINTAIN STERILE FIELD:

This includes the followings:

Sterile field refers to the area within the sterile packaging, i.e. 1 inch around the working area be kept free of instruments.

6.2.1 Ensure body / any part of uniform of nurse does not touch sterile field

6.2.2 Hands do not cross sterile field at all times.

6.3 CORRECT ASEPTIC TECHNIQUE:

This includes the followings:

6.3.1 Apply correct technique when opening sterile set ie;

6.3.1.1 Open the pack: unwrap folded layers of wrapping material away from the center of the pack, touching only the outside edges of the wrapping material. Always pull edges toward your body keeping the pack at arms' length away. Unwrapped the far side by reaching your arm around the pack, and then unwrap the left and right side follow by near side.

6.3.2 Keep forceps facing downwards and above waist line.

6.3.3 No contact of forceps when transferring soft dressing from one hand to another.

6.3.4 Soiled forceps should be discarded.

6.3.5 Swab from clean area to dirty area

6.3.6 Use one swab for each stroke

6.3.7. Clean the skin area around wound thoroughly.

6.3.8 Discard soiled dressing involves loosening dressing, removing soiled dressing, discard soiled dressing forceps and observing wound condition

6.4.9 Cover wound appropriately.

6.5. ASSEMBLE NECESSARY ITEMS USING A NON TOUCH**TECHNIQUE:**

- 6.5.1 The right quantity of soft dressing (cotton/gauze/gamgee) is added into sterile field without contamination
- 6.5.2 When pouring cleansing agent, the pouring container should not touch the receiving container. Avoid splashing and spillage.

FAILURE TO COMPLY WITH ANY OF THE ABOVE WILL BE CONSIDERED NON- CONFORMANCE TO ASEPTIC TECHNIQUE.

6.6. ACCURATE AND COMPLETE DOCUMENTATION

This include the followings :

- 6.6.1 Wound size and depth.
- 6.6.2 Nature of the wound includes swelling, dirty, clean, slough, gangrene, healing process and nature of discharge - smell, color, serous, bloody, pus

7. COMPLIANCE OF ASEPTIC WOUND DRESSING AUDIT.

Every step in the process must be performed.

A) TECHNICAL

- Perform hand hygiene.
- Wear mask.
- Assess the wound
- Perform hand hygiene.
- Open outer layer of dressing set.
- Perform hand hygiene.
- Open inner layer of dressing set.
- Pour cleansing agent.
- Add soft dressings / supplementary.
- Perform hand hygiene.

- Wear sterile gloves (optional).
- Remove soiled dressing with forceps (optional).
- Discard used forceps into receiver.
- Perform dressing.
- Cover the wound with appropriate dressing.
- Discard used dressing set.
- Perform hand hygiene.

B) ESSENCE OF CARE (SOFT SKILLS)

- Greet patient.
- Perform pain assessment.
- Administer analgesic (if indicated).
- Inform patient and explain procedure.
- Provide privacy to the patient
- Make patient comfortable before, during and after procedure
- Reassess pain.

C) DOCUMENTATION

Documentation of wound findings include (**TIME**):

- **T:** Tissue: i) Viable – granulation and new epithelial
ii) Non- Viable – necrotic tissue, slough tissue
- **I:** Infection/Inflammation – Signs and symptoms of infection
e.g: presence of pus, pain, malodour
- **M:** Moisture Imbalance – Exudate level dry/minimal or moderate/wet
- **E:** Epidermal margin – advancing or non- advancing

(Wound Care Manual, First edition, Ministry of Health, 2014)

7.4 SCORE

7.4.1 Conformance Standard : 90% which include:-

- Technical skill : 100%
- Documentation : 100%
- Soft skill : 100%

** Overall marks (% of Technical skill + % documentation + % soft skill ÷ 3)

8. AUDIT FORM

NATIONAL NURSING AUDIT, MINISTRY OF HEALTH MALAYSIA.	VERSION 6/2019
ELEMENT 5 : CONTINUUM OF CARE	DATE: 11 April 2019
TOPIC : 5.3 ASEPTIC WOUND DRESSING	
DOCUMENT NO : E5 AF 5.3	PAGE NO 1/5

8.1 STANDARD :

The nurses observe principles of surgical aseptic technique during wound dressing to minimize introduction of potential infection and or its spread.

8.2 OBJECTIVES :

- 8.2.1 To ensure nurses perform wound dressing using principles of aseptic technique.
- 8.2.2 To document findings accurately and completely in patient’s medical record.
- 8.2.3 To assess the caring component during dressing

Date of Audit:.....

Locality :

Auditors: 1.....

2.....

N.B. Instructions for Auditors

1. To tick [√] at appropriate column.
2. S / T/ D indicate soft skill / technical skill / documentation respectively.

S/NO	ITEM	SOURCE OF INFORMATION	YES	NO	N/A
T1.	Identify the right patient	Listen/Observe nurse.			
T2.	Identify type of wound dressing required.	Observe nurse			
S3.	Greet patient	Observe nurse			
S4.	Inform patient and explain procedure	Listen/Observe nurse.			
T5	Perform Pain Assessment	Observe nurse			
T6	Prepare trolley for dressing	Observe nurse			
S7.	Provide privacy to the patient.	Observe nurse			
S8.	Place patient in comfortable position.	Observe nurse.			
T9.	Place personal protective cover	Observe nurse			
T10.	Perform hand hygiene.	Observe nurse.			
T11.	Wear mask.	Observe nurse.			
T12.	Open outer layer of dressing set.	Observe nurse			
T13.	Discard soiled dressing.	Observe nurse			
T14.	Assess Wound	Observe nurse			
T15.	Perform hand hygiene	Observe nurse.			
T16.	Open inner layer of dressing set and assemble necessary items using non touch technique.	Observe nurse.			
T17.	Perform hand hygiene	Observe nurse.			
T18.	Wear glove	Observe nurse			
T19.	Perform dressing :				
	T19.1	Maintain sterile field.	Observe nurse.		

S/NO	ITEM		SOURCE OF INFORMATION	YES	NO	N/A
	T19.2	Correct aseptic technique while performing dressing	Observe nurse			
	T19.3	Apply and secure appropriate wound dressing properly.	Observe nurse.			
T20	Perform hand hygiene.		Observe nurse.			
S21	Establish rapport with patient throughout procedure		Observe nurse.			
D22	Document findings (TIME) :					
	D22.1	T : Tissue –Viable / Non - viable	Check document			
	D22.2	I: Infection/ Inflammation				
	D22.3	M: Moisture Imbalance				
	D22.4	E: Edge of wound /epidermal margin				

AUDIT REPORT

(please [√] the appropriate box)

RATING:

Criteria	Item	Conformance	Non conformance	N/A
Technical	18			
Documentation	4			
Soft skill	5			
Total	27			

REMARKS:

Auditor 1 (name and signature):

Auditor 2 (name and signature):

**Calculation: Item conformance X 100
 Total item – item N/A

Example:

**Calculation: $\frac{\text{Item conformance}}{\text{Total item} - \text{item N/A}} \times 100$

Technical: $\frac{16}{18-0} \times 100 = \frac{1600}{18} = 88.89\%$

Documentation: $\frac{4}{4-0} \times 100 = \frac{400}{4} = 100\%$

Soft skill: $\frac{5}{5-0} \times 100 = \frac{500}{5} = 100\%$

Criteria	Item	Conformance	Non conformance	N/A
Technical	18	88.89%	11.11%	0
Documentation	4	100%	0	0
Soft skill	5	100%	0	0
Total	27	$(88.89 + 100 + 100 = 288.89 \div 3) = 96.30\%$	$(11.11+0+0=11.11 \div 3) = 3.70\%$	0

Note: To minimize N/A as much as possible. The nurse can be lead to answer if situation arises.