

Restore Hydrogel Dressing: Impregnated Sponge or Gauze Strip

Protocol

This protocol is intended to supplement, not replace, your facility's guidelines and/or common practices.

Desired Outcomes

- To maintain a moist wound environment for the healing of partial- to full-thickness wounds.
- To manage dry and minimally exudating wounds.
- To fill in dead space associated with sinus tracts, undermining or deep wounds.

Equipment

1. Restore Hydrogel Dressing
2. Wound measuring guide
3. Restore Wound Cleanser or other solution, as indicated, for wound cleansing
4. Gauze or towel to dry periwound skin
5. Secondary cover dressing
6. Gloves

Procedures

- Preparation of wound area
- Application of dressing
- Removal of dressing
- Documentation of observations

Preparation of Wound Area

1. Assemble supplies and take to bedside.
2. Identify and inform patient of procedure.
3. Provide for privacy.
4. Apply gloves.
5. Position patient so that wound area is exposed (*remove dressing if present*).
6. Thoroughly rinse or irrigate the wound area with Restore Wound Cleanser or normal saline, if appropriate (*if necessary, the wound should be debrided*).
7. Clean and dry the periwound skin.
8. Measure the wound using the wound measuring guide.

Application of Dressing

1. Cover or gently fill wound with sponge or strip (*gauze, transparent film, etc*).
2. Cover with secondary dressing using aseptic technique (*secondary cover should not be absorptive e.g., hydrocolloid dressings, foams or alginates*).
3. Secure secondary dressing with tape or other appropriate material.
4. Remove gloves and wash hands after completing procedure.

Removal of Dressing

1. Put on gloves.
2. Remove secondary dressings and dispose of properly.
3. Remove gauze or sponge strip from wound.
4. Irrigate remaining hydrogel dressing from wound bed using Restore Wound Cleanser or normal saline.
5. Reapply dressing if necessary.
6. Remove gloves and wash hands after completing procedure.

NOTE: Change Restore Hydrogel every 24 to 72 hours, or as required to maintain moist environment.

Documentation of Observations

Document dressing change, wound measurements and other pertinent observations regarding the wound or periwound site.

Restore Hydrogel Dressings: Impregnated Sponge or Gauze Strip

Assess

Key observations to document with wound dressing change:

- Size of wound
- Depth of tissue involvement (partial-thickness, full-thickness, stage)
- Presence of undermining or tracts
- Anatomic location
- Wound base (granulation, epithelialization, muscle, subcutaneous tissue, nonviable tissue, color, exudate amount/ odor/color)
- Edge of open wound
- Presence of foreign bodies
- Condition of surrounding skin

Plan

Select interventions to provide appropriate local wound care:

- Prevent and manage infection
- Cleanse wound
- Remove nonviable tissue
- Manage exudate
- Eliminate dead space
- Control odor
- Protect wound and periwound skin
- Maintain a moist wound surface

Implement

- Follow Protocol for Restore Hydrogel Dressings
- Reduce or eliminate causative factors
- Provide systemic support for wound healing

Evaluate

- Reassess wound with each dressing change
- Frequency of dressing changes should be dictated by facility protocol
- Discontinue Restore Dressing if wound develops moderate amount of exudate

If no progress can be demonstrated within two to four weeks, reevaluate the overall treatment plan, as well as adherence to this plan, making modifications as necessary.

Hydrogel Dressing Advantages:

- Assist in autolytic debridement.
- May be used on infected wounds
- Provide a moist wound surface
- Provide atraumatic removal from wound

Restore Hydrogel Dressings

Size/Description	Stock No	Box Qty
4" x 4" 12-ply Impregnated Sponge, Sterile	9972	15
2" x 3.5 yd Impregnated Gauze Strip, Sterile	9973	12
3 oz. Tube, Non-Sterile	9974	12

Restore Wound Cleanser

Size/Description	Stock No	Box Qty
12 oz. Trigger Spray Bottle, Non-Sterile	9976	12
8 oz. Trigger Spray Bottle, Non-Sterile	9975	12

References: Acute and Chronic Wounds/Nursing Management, Bryant RA (2nd ed.), St. Louis: Mosby Year Book, 2000.

Agency for Healthcare Policy and Research. Clinical Practice Guideline #15, Treatment of Pressure Ulcers, December, 1994.



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