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South 7
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This week I was more hands on with wound care which I really liked because last week I went with my patient to Hydrotherapy and got to see a wound vac placed on a wound greater than a foot long on the right thigh. The first patient I got to do wound care was the patient with the lower abdomen midline incision that required some packing in between a couple staples because there was wound dehiscence. I may have over done it with changing my gloves so much because every time I touched the patients bed sheets or anything that was on the bedside table. I would remove my gloves and put new ones on because that is when my nurse removed the old dressing and the wound was exposed. The tweezers and scissors used to remove the gauze was an old package already opened. I did not feel comfortable using that when we were cutting new gauze and was going to use the tweezers to pack the wound but I mentioned if there was something else and she remembered seeing packaged Q-tip applicators that we could use. The patient stated the wound was wet to dry packing. She did use sterile water to loosen up the gauze before removing it and then poured some more sterile water to technically clean it out but that is when she proceeded to pack the wound with dry gauze and you could tell the patient was experiencing discomfort because his facial expressions and heavy breathing said it all. I asked her about it today if we were going to go it the same and not wet the gauze and she said yes that is how you do wet to dry dressing changes. But during SIM/Boot camp day Mrs. Starch showed us how to do wet to dry and it was nothing like what my nurse did.

My primary patient also had a wound dressing change to do today because the initial assessment I did on my patient Tuesday I was told by my nurse that the incision did not have staples and the dressing was changed by the doctor. So, I took her word for it and documented my sheets accordingly. I asked if it was okay for the dressing to be saturated and dark red, my nurse told me that is okay since he is only two days post-operative. I did not get to see the dressing change today because she did it while we were at lunch but when I returned back to the floor my nurse told me that there were actually staples in place and still looked red. When I went to check on him since it was time to reassess his pain level after receiving Dilaudid, I noticed on the keyboard and mouse and also the bad rail there was blood smeared. It was not like that before lunch because I charted his vitals in his room.

Sterile and aseptic technique is particularly important to me because I work in the operating room where we have to maintain a safe sterile environment the entire time the patient is in surgery. So, to see blood on a high touch surface makes me question how aseptic the dressing change on my patient was. He has had multiple surgeries and many comorbidities that makes him high risk for infection because he already has had that same incision operated on twice due to his current femur fracture. Proper hand hygiene and aseptic technique is something I most definitely could be more assertive about for others to apply to this situation from previous knowledge and experience in the operating room. This is something especially important to maintain and educate others in proper hygiene and aseptic technique because we

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don't want to cause any other infections on top of the current disease processes that are occurring at the time of treatment. The recent evidence is the hospital protocols that are in place for this situation because a sentinel event had to occur and result in patient injury to have protocols in place. Also, I should have educated and provided the patient with supplies to be able to do proper hand hygiene himself because now that his foley was discontinued. He will now use a urinal and that requires him to touch his genitals and a dirty urinal. This puts him at risk for infection because when his incision starts to hurt, he grabs at his leg and now that the nurse is able to change the dressing if there is any part of the dressing not properly sealed that allows bacteria to get in.