

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
STERILE DRESSING**

Name: _____ ID#: _____

Unit: _____ Date: _____

Sterile Dressing	1 st Attempt (P or F)	2 nd Attempt (P or F)	Comments
1. Identifies patient using two identifiers			
2. Positions patient appropriately and provides privacy.			
3. Washes hands, don non-sterile gloves			
4. Carefully removes the old dressing and discards in appropriate container. States if dressing is dry and adhering to freshly granulated tissue, soak with normal saline prior to removal.			
5. Performs hand hygiene and opens sterile dressing package appropriate for wound size.			
6. Dons sterile gloves.			
7. Cleanses wound using cleansing solution and 4x4s. Cleanses from center to the periphery of wounds to discard sponge after each wipe. Dries surrounding tissue with new 4x4s.			
8. Changes sterile gloves.			
9. If wound requires packing, applies the soaked dressing to the wound ensuring that the dressing has been sufficiently moistened with prescribed solution. Protects surrounding skin from maceration by applying mechanical barrier.			
10. Applies sterile dressing to wound and secure with tape.			
11. Documents in medical record: <ul style="list-style-type: none"> • Time/initials: Records time of assessment/dressing change change/care of wound and caregiver initials • Diagram: indicates wound location • Wound Type • Color/ordor of drainage • Drainage type/amount • Wound edges/condition of wound • Size of wound (length, width and depth) • Type of cleansing solution used and dressing type • Patient's tolerance of procedure 			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____