

Restore

Hydrocolloid Dressing



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 wounds with minimal to moderate amounts of exudate

Equipment

1. Restore Hydrocolloid Dressing
2. Wound measuring guide (included with dressing)
3. Restore Wound Cleanser or other solution, as indicated, for wound cleansing
4. Gauze or other dry material to dry periwound skin
5. Gloves

Parts of Procedure

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

Preparation of Wound Area

1. Wash hands.
2. Assemble equipment and take to bedside.
3. Identify and inform patient of procedure.
4. Provide for privacy.
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 to allow for secure adhesion of the dressing.
8. Measure the wound using the wound measuring guide.

Application of Dressing

1. Choose the correct size Restore Hydrocolloid Dressing so that it extends one inch beyond the wound edges on all sides. (*Dressings may be overlapped or cut to accommodate the size of the wound*).
2. Remove dressing from package. (*Restore Hydrocolloid Dressings are provided in sterile packages if aseptic technique is required*).
3. Remove the release papers from the dressing. (*Too much handling of the adhesive may interfere with good dressing and skin contact*).
4. Center the dressing over the wound site. (*The dressing will not adhere to the moist wound surface. If required, fill in dead space prior to application of the dressing*).
5. Gently press the dressing to the skin and smooth out wrinkles. (*For difficult-to-manage sites, hold dressing in place for 60 seconds to improve adherence. Taping of the edges of the dressing is not required but may help in areas of high friction such as heels, elbows, or coccyx*).

Removal of Dressing

1. Put on gloves.
2. Carefully lift an edge of the dressing while pressing down on the skin.
3. Continue this procedure around the wound bed until all edges are free of the skin.
4. Dispose of dressing properly.
5. Wash hands.
6. Document dressing change, wound measurements and other pertinent observations regarding the wound or periwound site.

Note: Restore Hydrocolloid Dressing should be left in place (not more than 7 days) unless it is uncomfortable, leaking, or there are clinical signs of infection.

Assess

Key observations to document with wound dressing change:

- Size
- Extent of tissue involvement (partial-thickness, full-thickness, stage)
- Presence of undermining or tunnelling
- 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
- Duration of wound

Plan

Topical Management Priorities

- Removal of necrotic tissue
- Identification and elimination of infection
- Obliteration of dead space
- Absorption of excess exudate
- Maintenance of a moist wound surface
- Provision of thermal insulation
- Protection of the healing wound

Hydrocolloid Dressing Advantages

- Assist in autolytic debridement
- Absorb excess exudate for minimal to moderately exuding wounds
- Create a moist wound interface
- Insulate the wound to maintain normal tissue temperature
- Provide an occlusive barrier to external contaminants including urine, feces and wound drainage

Implement

- Follow protocol for Restore Hydrocolloid Dressing
- Reduce or eliminate factors that may interfere with wound healing
- 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 Hydrocolloid Dressing if there are clinical signs of infection
- If no progress can be demonstrated within 2 to 4 weeks, reevaluate the overall treatment plan as well as adherence to this plan, making modifications as necessary

Ordering Information

Restore Hydrocolloid Dressings

	Stock No	Unit of Sale
without tapered edges		
4" x 4" (10 cm x 10 cm)	519953	5
6" x 8" (15 cm x 20 cm)	519954	3
8" x 8" (20 cm x 20 cm)	519955	3
with tapered edges		
4" x 4" (10 cm x 10 cm)	519956	5
6" x 6" (15 cm x 15 cm)	519963	5
6" x 8" (15 cm x 20 cm)	519957	3
8" x 8" (20 cm x 20 cm)	519958	3
triangle with tapered edge		
17 sq. in. (43.2 sq. cm)	519959	5
26.5 sq. in. (67.3 sq. cm)	519965	5
with foam backing		
4" x 4" (10 cm x 10 cm)	519930	5
6" x 8" (15 cm x 20 cm)	519932	3
8" x 8" (20 cm x 20 cm)	519935	3

Restore Wound Cleanser

8 oz. (236 mL) Trigger Spray Bottle, Non-Sterile	529975	12/box
12 oz. (354 mL) Trigger Spray Bottle, Non-Sterile	529976	12/box

References:

Cooper DM. Wound Assessment and Evaluation of Healing, Acute and Chronic Wounds/Nursing Management, Bryant RA (ed.). St Louis: Mosby Year Book, 1992. Doughty DB. Principles of Wound Healing and Wound Management, Acute and Chronic Wounds/Nursing Management, Bryant RA (ed.). St Louis: Mosby Year Book, 1992. Agency for Healthcare Policy and Research. Clinical Practice Guideline #15, Treatment of Pressure Ulcers, December, 1994.

See Instructions for Use for important information regarding the use of this product at www.hollisterwoundcare.com/products/ifus.html.



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