

G-240 Wound Drain Management

Purpose

Remove secretions from wound or incision.

Decrease microorganism growth.

Prevent infection.

Promote healing.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Graduated measuring container.
- Sterile dressing tray or individual supplies.
- 2x2, 4x4 sponges and or transparent dressings.
- Sterile and non sterile gloves.
- Towel or disposable pad.
- Sterile applicators.
- Betadine solution and/or swabs.
- Bacteriostatic ointment.
- Bag for disposing of waste.

Procedure

1. Gather equipment.
2. Wash hands. Refer to the Hand Washing procedure.
3. Explain procedure to client.
4. Apply gloves.
5. Remove dressing and dispose.
6. Assess wound drain insertion site for redness, drainage, pain.
7. Clean with Betadine pads or swabs as ordered--moving from drain outward.
8. Placed gauze dressing around drain insertion site.
9. Penrose drain: place 4x4 over drain and cover with ABD and tape.
10. Hemovac Drain: open outlet, empty drain by squeezing gently until all drainage has been drained into the container. Compress the hemovac flat and replace stopper. Compression creates and maintains suction.
11. Jackson Pratt (bulb drain): empty by opening the spout and squeezing the bulb until all fluid removed. Compress the bulb in the palm of hand and close spout and release bulb.

Documentation Guidelines

Document in the clinical record:

1. Location type of wound or incision/drain insertion site.
2. Type and amount of drainage.
3. Status of wound and drain.
4. Solutions or medications applied.
5. Teaching done.
6. Client response to procedure and teaching.

Related Procedures

None.

Policy History

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