

WOUND CARE SKILLS CHECKLIST

Measuring a stage II pressure ulcer and documenting findings

Student Name: _____

Date: _____

Instructor: _____

	SATISFACTORY	UNSATISFACTORY
1. Wash hands with soap and water.		
2. Gather supplies to measure wound.		
3. Explain procedure to client. Position client in a comfortable position.		
4. Don clean gloves. Clean or irrigate wound with normal saline solution or wound cleanser.		
5. Measure length of wound (wound edge to wound edge in a straight line; from head to toe). Record in centimeters.		
6. Measure width of wound (from shoulder to shoulder). Record in centimeters.		
7. Measure depth of wound (distance from visible surface to the deepest area of wound). Record in centimeters.		
a. Place cotton tip applicator in deepest part of wound.		
b. Grasp applicator with thumb and forefinger at point corresponding to wound margin.		
c. Withdraw applicator while maintaining the position of thumb and forefinger.		
d. Measure from tip of applicator to position against centimeter ruler.		
9. Wash hands before leaving room.		
10. Document wound measurements as follows: Length x Width x Depth		

Performing wound care to a stage II pressure ulcer

Student Name: _____

Date: _____

Instructor: _____

	SATISFACTORY	UNSATISFACTORY
1. Wash hands with soap and water.		
2. Gather supplies needed to perform wound care (see MD orders).		
3. Explain procedure to client and position client in a comfortable position.		
4. Place trashbag or wastebasket at bedside.		
5. Don clean gloves.		
6. Remove old dressing and discard in trash receptacle. Discard gloves.		
7. Don clean gloves. Masks or gowns may be worn if potential for splashing.		
8. Cleanse wound with desired cleansing solution. If using normal saline filled syringe, place basin under wound to catch drainage when cleaning. Hold syringe 1-6 inches from pressure ulcer and spray with saline. Carefully remove basin so fluid does not spill. Dry the skin surrounding the pressure ulcer and pat dry with clean towel.		
9. Apply new dressing, per MD orders. a. do not touch packaged dressings once you have touched the pressure ulcer b. store dressings in a clean, dry place c. keep dressings in the original package or other closed plastic package..		
10. Discard gloves and wash hands.		

Positioning client in a reclined position

Student Name: _____

Date: _____

Instructor: _____

	SATISFACTORY	UNSATISFACTORY
1. Wash hands with soap and water.		
2. Explain procedure/activity to client.		
3. Obtain assistance from other staff member(s) if client unable to assist in moving up in bed.		
4. Place bed in flat position.		
5. If client able to participate, instruct to bend knees and push with feet to move up in bed.		
6. Raise the head of bed as little as possible (no more than 30 degrees).		
7. Place a pillow or other positioning device under the legs from midcalf to ankle.		
8. Keep heels off the bed (heels should be raised just enough just so a piece of paper can be passed between them and the bed.)		
9. Ensure client is in a comfortable position.		
10. Wash hands before exiting room.		

Positioning a client with a pressure ulcer in a wheelchair

Student Name: _____

Date: _____

Instructor: _____

	SATISFACTORY	UNSATISFACTORY
1. Wash hands with soap and water.		
2. Explain procedure to client.		
3. Lock wheelchair and make sure footrests are not in way of transfer.		
4. Make sure wheelchair cushion has enough support and is not “bottomed out”.		
5. Transfer client to wheelchair.		
6. Avoid positioning client directly on the pressure ulcer.		
7. Keep the top of thighs horizontal and his/her ankles in a comfortable neutral position on the floor or footrests (ankles should not be flexed or extended).		
8. Rest his/her elbows, forearms and wrists on arm supports.		
9. Encourage client to shift weight every 15 minutes. If client cannot shift weight themselves, provide repositioning every hour.		
10. Ensure client is in comfortable and safe position.		
11. Wash hands before exiting room.		

Positioning client in 30 Degree Lateral Side-Lying Position

Student Name: _____

Date: _____

Instructor: _____

	SATISFACTORY	UNSATISFACTORY
1. Wash hands before contact with client.		
2. Provide for privacy.		
3. Introduce self to client & explain procedure.		
4. Raise bed to hip level with opposite side rail up.		
5. Lower head of bed.		
6. Pull back top linens.		
7. Move clients legs, hips, and then trunk to side of bed.		
8. Making certain client is not rolling onto arm, assist client to roll to center of bed.		
9. Raise side rail.		
10. Place support device behind back and relax client into cushion. (45 degree angle)		
11. Place support device between knees.		
12. Place dense support device mid-calf between bed and lowest leg to float heels up off of the bed.		
13. Place support device under top arm.		
14. From the other side of the bed, perform pressure check at the thigh/hip area of the client.		
15. Adjust client to 30 degree lateral side-lying position using draw sheet.		
16. Re-check Trochanter area for pressure relief.		
17. Re-check heels floating off bed with hand check run under the heels to ensure they are not touching the bed.		
18. Make sure head is well supported.		
19. Cover client with top linens.		
20. Return head of bed to comfortable level for client.		
21. Lower bed to lowest position and return rails to appropriate position.		
22. Leave call bell within client reach.		
23. Wash hands as final step.		

