

Restore Hydrogel Dressing (Tube)



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 dry and minimally exudating wounds
- To fill dead space in wound

Equipment

1. Restore Hydrogel (Amorphous Gel) Dressing
2. Wound measuring guide
3. Restore Wound Cleanser or other solution, as indicated, for wound cleansing
4. Gauze or towel to dry periwound skin
5. Secondary cover dressing
6. Gloves

Procedures

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

Preparation of Wound Area

1. Assemble supplies and take to bedside.
2. Identify and inform patient of procedure.
3. Provide for privacy.
4. Apply gloves.
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.
8. Measure the wound using the wound measuring guide.

Application of Amorphous Gel Dressing

1. Apply Restore Hydrogel Dressing to cover wound to depth of 5 mm (1/4").
2. Cover with appropriate secondary dressing using aseptic technique (gauze, transparent film, etc).
3. Secure secondary dressing with tape or other appropriate material.
4. Remove gloves and wash hands after completing procedure.

Removal of Dressing

1. Put on gloves.
2. Remove secondary dressings and dispose of properly.
3. Irrigate remaining hydrogel dressing from wound bed using Restore Wound Cleanser or normal saline.
4. Reapply dressing if necessary.
5. Remove gloves and wash hands after completing procedure.

NOTE: Change Restore Hydrogel Dressing every 24 to 72 hours, or as required to maintain moist environment.

Documentation of Observations

Document dressing change, wound measurements and other pertinent observations regarding the wound or periwound site.

Assess

Key observations to document with wound dressing change:

- Size of wound
- Depth 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

Plan

Select interventions to provide appropriate local wound care:

- Prevent and manage infection
- Cleanse wound
- Remove nonviable tissue
- Manage exudate
- Eliminate dead space
- Control odor
- Protect wound and periwound skin
- Maintain a moist wound surface

Implement

- Follow Protocol for Restore Hydrogel Dressings
- 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 Hydrogel Dressing if wound develops moderate amount of exudate
- If no progress can be demonstrated within two to four weeks, reevaluate the overall treatment plan, as well as adherence to this plan, making modifications as necessary

Hydrogel Dressing Advantages

- Assist in autolytic debridement
- May be used on infected wounds
- Provide a moist wound surface
- Provide easy removal from wound

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

Ordering Information

Restore Hydrogel (Amorphous Gel) Dressing

	Stock No	Unit of Sale
3 oz. (89 mL) Tube, Non-Sterile	529974	12

Restore Wound Cleanser

8 oz. (236 mL) Trigger Spray Bottle, Non-Sterile	529975	12/box
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12 oz. (354 mL) Trigger Spray Bottle, Non-Sterile	529976	12/box
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References: Restore Cx, Acute and Chronic Wounds/ Nursing Management, 2nd ed. Bryant RA (ed.), St. Louis: Mosby Inc., 2000.

Agency for Healthcare Policy and Research. Clinical Practice Guideline #15, Treatment of Pressure Ulcers, December, 1994.



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