

				Addressograph, or Name				
Cavity, Undermined or 'Tunnelling'								
<b>Wound Dressing Record</b>						DOB		
						Unit No./Cl	<b>-</b> 11	
For patient safety it is essential to document the NUMBER of dressing pieces INSERTED and REMOVED from a wound and ensure that these are the same.								
Wound number: Wound type (e			e.g. PU): Location (e.g. R Hip):					
Dressing Inserted - A			Dressing Removed - B					
Date	Time	Α	Signature	Date	Time	В	Is B the	Signature
		Number of				Number of	same as	

Dressing Inserted - A			Dressing Removed - B					
Date	Time	Α	Signature	Date	Time	В	Is B the	Signature
		Number of				Number of	same as	
		dressings				dressings	Α?	
		INSERTED				REMOVED	If NO, see	
							action	
							over	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							Yes / No	
							162 / NO	

**ACTION:** If the number of dressings removed does not correspond with those inserted please see page 2 for guidance on how to proceed.

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## Guidance on how to proceed if the number of dressings removed does not correspond with those inserted

## Patient/wound review - essential

- Thoroughly examine dressing material removed (in line with Personal Protection Equipment (PPE) guidelines) to confirm no faults with counting or separation of dressings i.e. dressings have not stuck together
- Thoroughly examine wound for dressings that may have been left in the cavity. Extra lighting, such as a torch, may be helpful
- Assess the patient for:
  - Discomfort (specifically in the wound area)
  - Unexplained pain
  - Pyrexia
  - Deviation in general baseline observations

Note for medical information.

## <u>Staff/Carer review – if possible</u>

- Gain history of previous dressing application from appropriate person e.g. patient, carer; regarding date, time etc. and if this corresponds with the cavity chart
- Communicate with colleagues who applied the previous dressing to confirm dressing application and check if there is any fault with the documentation.

## Recording/Reporting – essential

- Inform medic managing the patient that a dressing cannot be accounted for at dressing removal
- Baseline observations and general assessment of patient should be undertaken
- Datix incident, inform your line manager/nurse in charge and document all actions and correspondence with medics
- Consultation with senior medical staff and/or surgeon may be required.

Developed by NHS Lothian Tissue Viability Service

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