

CARE OF THE SICK AND INJURED SURGICAL DRESSINGS

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WAR DEPARTMENT OFFICIAL TRAINING FILM

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ARMY SERVICE FORCES

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CARE OF THE SICK AND INJURED, SURGICAL DRESSINGS

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Doing surgical dressings is one of the most interesting and satisfying duties of the hospital corpsman. To do them, you start out with a dressing cart. Wait a minute. That will never do. No equipment, no speed, no class. You wouldn't do a decent dressing on a boil with that. Take it away! Let's have a good dressing cart, one with all the gadgets. That's better. Just what the doctor ordered. Everything in its place. See the checklist? It's as important as the check-off list in an airplane. With that list and a quick look over the cart, you can tell at a glance if anything is missing. For example, a roll of adhesive should be right there. Whoever borrowed it had better put it back. That's the idea. You check the buggy every time you start on dressing rounds. That saves steps and keeps the medical officer happy. Now it's time to do dressings, so let's have a hospital corpsman. Perfect! Well, it'll do anyway.

Helping the medical officer take out sutures is a routine you must learn, and learn right. Be sure the patient is in a comfortable position, thoroughly relaxed. Tell him what you're up to and reassure him that it'll hurt just about as much as a Jersey mosquito, or a shot in the arm. Close the window to prevent dust and bacteria blowing around and to keep the patient from getting chilled. Bedcovers are folded down, like so. If you tuck his jacket in this way, he'll stay put and won't get his hands in the way. Place the waste bag where the medical officer can reach it easily. Now prepare the sterile field on which instruments and dressings are laid. Watch how the towel is opened. Don't let the towel touch anything as you open it. Now lay it carefully on the bed. Fold the upper edge in so the edge of the sheet is covered. This anchors the towel in place. You handle all the sterile equipment, instruments and dressings with lifting forceps. You don't need much equipment when you're taking out sutures: scissors, hemostats, forceps, some dry gauze and some alcohol sponges on the gauze so they won't wet through the towel.

Now you're ready for the medical officer. He will take off the adhesive carefully, so as not to injure the skin nor contaminate the wound. Dressings from clean wound may be stained with a little dried blood, but that's all.

Now let's look at the wound. It is healed: no redness, no swelling and gentle pressure produces no pain. The skin around the incision is cleansed with an alcohol sponge. Then a fresh sponge is used to swab the incision and the stitches. There is a little trick to removing the sutures which makes it practically painless. Grasp each suture at the knot and lift it gently. Cut the suture as close to the skin as possible. After they are all cut in this fashion, they can be removed easily and rapidly, dropping them on a gauze sponge which has been placed near the incision. A final gentle sponging with alcohol and then the wound is covered

with a dry, sterile dressing. Now we're ready for adhesive tape to seal the dressing down. Learn how to handle adhesive tape and learn to anticipate the needs of the medical officer as you assist him. That makes for smooth teamwork.

Finally, fold the used instruments in the towel and stow them in the basin.

As you become more skilled in dressing technique, you'll be given more responsibility. You may have some dressings to do alone. Pick a time when the ward is quiet. Not during rest hours, visiting hours, or just after the deck has been swept. Your hands are washed thoroughly before every dressing. Fingernails short and cleaned. Protect the bed linen with a piece of rubber sheeting if there is danger of getting it wet. You can use either a newspaper or a paper bag for the soiled dressings. When using the lifting forceps, keep the tips pointed down at all times. They must touch nothing that is not sterile. Lay out the sterile field with all the supplies you'll need, so there will be no delays, no waste motion. There is a correct way to remove adhesive tape from the skin. Don't just yank it off. Lift the end of the tape, double it back on itself and pull it toward the wound as your other hand gently stretches the skin. Examine every dressing you remove. Is there any discharge on it? Blood, pus, serum? How much is there? And has it any odor? Waste ether or benzene may be used to clean the adhesive from the skin. Alcohol won't do it. If the skin isn't cleaned, it soon becomes irritated. Now take a good look at the wound. Does it hurt when you press gently with a sponge? Note carefully if the pressure causes pus or other exudate to flow into the wound from a buried pocket. Cleanse the skin with alcohol sponges starting close to the wound and working away from it. Is the skin around it red? Is there a swelling? Redness, swelling and tenderness are signs of inflammation. Of course, you report such information to the medical officer. He might prescribe an ointment, a wet dressing, or dusting with a powder. Carry out any treatment exactly as he prescribed it.

“How does it look, doc?”

- Well, looks alright to me.

- When do you figure I'll get out of here?

- That's for Dr Brown to answer. Why don't you ask him the next time he comes in?”

Patients want to know all about their condition. You can be tactful and optimistic, but don't presume to be the expert. It's the medical officer's duty to give them that information.

When serious wounds must be dressed, the medical officer will give you definite instructions ahead of time. If you're not sure just what is to be done, or what supplies will be needed, ask him. This job requires teamwork.

Difficult dressings are usually done in a quiet room, the treatment room or an operating room. See that there is plenty of light where it is needed: on the wound. Good work requires good light. The patient is made as comfortable as possible. Sometimes, the medical officer orders a medication to avoid discomfort. For work like this, a well-equipped dressing cart is of great help. Here, a wound irrigation is to be done. Be sure the solution is warmed to body temperature. Many surgeons use face masks. When the surgeon wears a mask, you do too. He may call for a pair of sterile gloves, so be sure you have the right size handy.

“This isn’t going to bother you particularly. Just relax. Take it easy.

I shall take a wound culture this morning.

- Yes, sir.

- Now we’re ready to irrigate.

- Yes, sir.

- Hurting much?

- No, sir, I’m okay.

- We’re almost finished. I think I’ll use some zinc oxide ointment. Skin’s a little irritated.

- Yes, sir. Coming right up.

- I want some boric strips and some Montgomery straps to hold the dressings in place.

- Yes, sir. Here you are, sir.

- Thanks.

- Your scissors look as though they’re due for sharpening, sir.

- Well, they still cut but not much.

Don’t forget to take that culture to the bacteriology lab.

- Yes, sir.

- By the way, when do you come up for your new grade?

- It’s on next Friday, sir.

- Well, good luck.

- Thank you, sir.

- Looks to me like you’re doing okay.

- I hope so.”

As soon as dressing rounds are complete, the dressing cart is cleaned up and restocked, ready for use again. It’s not too pleasant a job, and it’s just a little dangerous as you’re handling infected materials. So if there are any cuts on your hands, use gloves. That dull pair of scissors is tagged and sent to be sharpened after they are cleaned. Dirty instruments, syringes and so forth go in the sink, while soiled towels go to the laundry. Instruments and basins are first scrubbed in cold water, and then washed and scrubbed in hot soapy water till they’re perfectly clean. After all the instruments, rubber goods and basins are cleaned, they are sorted and are ready for sterilization. Follow sterilization directions carefully. Be sure the water is boiling in the sterilizer. Note the time when sterilization will be complete. Now clean up and re-equip the cart while they’re being sterilized. The refuse pail is scrubbed with soap and water. The supplies on the dressing cart should be checked and replenished. New stocks of dressings are added, and unused and outdated ones are set aside to be re-sterilized. Solution bottles are refilled. When the instruments have boiled the required length of time, they should be replaced in their container. A check with the list and the cart is all set, ready to roll when it is needed. And don’t forget: the patient record must be brought up to date. It should show when the dressing was done, the condition of the wound, and any additional information which might be of value.

Well, that’s the story. If you want to be thorough in your surgical dressings, get your dressing cart well stocked. Fix up a checklist and use it. Watch the medical officers as they do dressings and copy their techniques. Practice your technique. Learn to use your hands and

your head so you're as smooth as a good infielder on a double play. And finally, never forget that these men are your buddies. Your shipmates.

THE END

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