Wound Cleansing for the 21st Century

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Clinicians are taught to cleanse a wound before applying a dressing of any kind. The goal of wound cleaning is to remove debris and contaminants from the wound without damaging healthy tissue. Our mothers used hydrogen peroxide at full strength — we envisioned the germs being burned from our wounds. As CWOCNs, we have been taught hydrogen peroxide should be used only to remove stains from clothing. However, some physicians still use my mother’s method and order wound irrigation with peroxide, Dakin’s solution, povidone iodine, or acetic acid. According to the AHCPR, hydrogen peroxide, along with many antiseptic agents, are skin cleansers which are toxic to wound tissue and should not be used in the wound. Consequently, many nurses spray cleanser or saline on a gauze pad, then wipe the wound. Is this adequate or too much?

Saline or water irrigation is the most appropriate and safest way to cleanse a wound. Irrigant delivery pressure should be between 4 and 15 psi — less than 4 psi is not adequate to remove the loose debris and higher than 15 psi could drive the debris into the wound bed rather than off the surface. With apologies to my mom, a single-dose wound irrigation device that delivers between 6 and 8 psi is often my choice. - OWM

References