



South West Regional Wound Care Program
My Diabetic Foot Ulcer Self-Care Wound Dressing Guide

Name: _____ Date: _____

- This guide will help you or your caregiver learn how to change your diabetic foot ulcer dressing
- You need to change your dressing: ____ x per week **AND whenever the dressing soaks through**

Steps	Instructions
Step 1 Gather your dressing supplies	<input type="checkbox"/> Hand sanitizer (70% alcohol) <u>and</u> antibacterial liquid hand soap <input type="checkbox"/> Gloves <input type="checkbox"/> Garbage bag <input type="checkbox"/> Adhesive remover wipe <input type="checkbox"/> Tap water or normal saline or sterile water <input type="checkbox"/> Gauze squares <input type="checkbox"/> Alcohol wipes <input type="checkbox"/> Forceps/tweezers <input type="checkbox"/> Scissors <input type="checkbox"/> Cotton tipped applicators/Q-tips <input type="checkbox"/> Tape <input type="checkbox"/> Cling <input type="checkbox"/> Wound Filler (dressing that touches wound base): _____ <input type="checkbox"/> Wound Covering (the outermost dressing): _____ <input type="checkbox"/> Other: _____
Step 2 Set up	<ol style="list-style-type: none"> 1. Choose an area to change your dressing that is comfortable for you, has good lighting, and is away from children and pets, and place your dressing supplies there 2. Wash your hands well with warm water and antibacterial liquid soap for at least 15 seconds. Dry your hands using paper towels 3. Return to the area you have chosen to change your dressing and open and arrange the garbage bag beside you to put your old dressing and garbage in 4. Open the dressing packages that you will need, but take care not to touch the dressings inside. Leave the dressings inside of the packages
Step 3 Remove the old dressing	<ol style="list-style-type: none"> 1. Put on your gloves 2. Carefully remove the old dressing and put it in the garbage bag. If instructed by your nurse, use an adhesive remover wipe to help get the dressing off 3. Remove your gloves and put them in the garbage bag 4. Clean your hands with hand sanitizer. When your hands are dry, put on a new pair of gloves
Step 4 Clean the wound	<ol style="list-style-type: none"> 1. Clean the wound with at least 100mL of room temperature: <ol style="list-style-type: none"> a. <input type="checkbox"/> Tap water b. <input type="checkbox"/> Normal saline or sterile water c. <input type="checkbox"/> Other solution: _____ <p>Your nurse will instruct you to either:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Pour the solution over your wound • <input type="checkbox"/> Apply the solution using a prefilled bottle • <input type="checkbox"/> Apply the solution using a 30mL syringe and wound irrigating tip 2. Gently pat the skin around the wound dry using gauze 3. Apply a barrier wipe to the skin around the wound and allow the skin to air dry <p>NOTE: if you are using a large container of saline or sterile water, date the container when it is first opened and throw out any remaining solution after 24 hours</p>
Step 5 Fill the wound	<ol style="list-style-type: none"> 1. If not already boiled (if you were so instructed by your nurse), clean your forceps/tweezers and scissors well with alcohol swabs and allow them to air dry 2. Using the forceps/tweezers, grasp the wound filler dressing and cut off the amount you need to fill the wound. Remove this piece from the dressing package

	<p>3. Still holding the wound filler dressing with your forceps/tweezers, gently fill the wound with the cut piece of wound filler dressing. Do not fill the wound tight, rather think ‘fluffy like a cloud’, while making sure to touch all edges of the wound with dressing product. You may need to use a cotton tipped applicator/giant Q tip to help tuck the dressing in place</p>
<p>Step 6 Cover the wound</p>	<p>1. Cover the wound filler with the wound covering dressing as instructed by your nurse 2. If instructed by your nurse, tape the dressing in place or apply cling to hold the dressing in place. If using tape, be careful to not stretch the tape when putting it on or you may cause your skin to blister. If using cling, do not wrap it around your foot too tightly or you may cut off blood flow to your toes</p>
<p>Step 7 Clean up</p>	<ul style="list-style-type: none"> • Remove your gloves and put them in the garbage bag. Place any remaining garbage in the garbage bag and close the bag • Cleanse your hands with hand sanitizer • If you have any leftover wound filler, if instructed by your nurse, place it in a sterile container (like a urine specimen container) using the forceps. Close the container and write your name, the date and the name of the dressing on the container. In future dressing changes, access the remaining dressing pieces from the container using the forceps and throw the container and any remaining dressing pieces out after fourteen days • Store all of your dressing supplies in a container with a lid, like a shoe box, banker box, or Rubbermaid container. The container chosen should be put in a clean, dry, safe place, away from the reach of children and pets, like the top of your fridge or a shelf in a closet • If you are running out of supplies, i.e. you have less than a week’s supply of dressings left, tell your nurse (if they supply you with the dressings) or visit your pharmacy to purchase more (if you buy your own dressings)
<p>Step 8 When to call the nurse</p>	<ul style="list-style-type: none"> • Call your visiting nurse (if you have one) or your family doctor or nurse practitioner (if you do not have a visiting nurse) if: <ul style="list-style-type: none"> • The amount of drainage increases or becomes thick, green/blue or dark yellow/tan • There is a new or changed wound odor • You develop new or worsening pain in or around the wound • The wound base develops new or more yellow or black areas/tissue • The wound gets bigger or new wounds appear around the original one • The tissue around the wound appears swollen, red, warm and/or hard to touch • You develop a fever higher than 38°C (100°F)

Additional Notes:

Nurse's name (or Doctor's name if you do not have a visiting nurse): _____

Nurse's Signature/Status: _____

Nurse's Telephone Number: _____ **Date:** _____