

## ASSESSING POST-OPERATIVE WOUNDS TIP SHEET

### 1. Assess at least q shift:

- ❑ Incision line for approximation. Incision should be well approximated. If applicable, staples/sutures/steristrips should be intact with no signs of drainage.
- ❑ Incision line and surrounding area for signs/symptoms of infection:
  - ❑ Redness
  - ❑ Swelling
  - ❑ Induration
  - ❑ Foul-smelling or purulent drainage
  - ❑ Discomfort
  - ❑ Warmth to area
  - ❑ Fever
- ❑ If patient has post-operative drains they should be assessed for:
  - ❑ Drainage – amount, type, odour (amount should be recorded on I&O sheet q shift)
  - ❑ Surrounding area for signs/symptoms of infection (see above)
  - ❑ Placement – if drains are supported by sutures, etc. assess to make sure they are intact and tubing is not kinked. If applicable, assess to make sure proper suction is maintained i.e. bulb or wall; as ordered by physician. Maintain clean, dry protective dressing to area as ordered.

If any abnormal nursing assessment findings, notify physician for further orders.  
\*\*Please remember, whenever packing open wounds, fluff out gauze and pack loosely into cavity. **Do not** use metal forceps to pack into narrow wounds, this may cause trauma to surrounding tissue. Long sterile applicator swabs can assist you with non-traumatic packing.

Reference: Bryant, Ruth. Acute and Chronic Wounds: Nursing management. Mosby Year Book. St. Louis, 1992.