# Heart and Lung Surgery Wound and Dressing Protocol

A physician’s order is required for implementation of the protocol.

## STERNOTOMY and THORACOTOMY WOUNDS

1) Leave dressing intact until Post-op day 2 unless saturated.

2) Remove dressing and assess wounds daily starting on Post-op day 2
   - If the wound is dry, do not replace the dressing
   - Do not dress dermabonded wounds unless drainage is present
   - Notify MD/NP/PA for redness, areas of dehiscence, swelling, or tenderness

3) If dressings are saturated at any time:
   - Remove and paint wound with chlorhexidine
   - Cover with dry, sterile gauze
     - Use island dressing or paper tape (no sponge tape) with gauze
     - NO OCCLUSIVE DRESSINGS (ex. opsite, tegaderm)
     - Do not use tension in application of tape
   - Change dressing every eight hours until the wound is no longer draining

4) For new drainage noted after Post-op Day 2
   - Obtain vital signs and temp
   - Send drainage for gram stain, aerobic, and anaerobic culture
   - Send blood for CBC with diff
   - Initiate chlorhexidine and dry gauze dressings as above (#3)
     - Change every 8 hours, assessing for change in condition
   - Notify MD/PA/NP immediately if T>101.5, if SBP <90 or heart rate >120,
     - new confusion, or sternal instability – otherwise notify MD/PA/NP during routine rounding hours

## CHEST TUBE WOUNDS

1) Change chest tube dressings daily starting Post-op Day 1 until tubes removed.
   - Use dry gauze and tape without tension
   - Do not use Vaseline gauze

2) Remove last dressing the day after tube removal.
   - Do not replace dressing unless drainage starts.

3) If drainage present, initiate #4 above (For new drainage noted after Post-op Day 2)

## CENTRAL LINE/ IV SITE WOUNDS FOLLOWING REMOVAL

1) Use gauze with tape or a bandaid.
   - NO OCCLUSIVE DRESSINGS (ex. opsite, tegaderm)

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Implemented by_____________________________________, RN      Date_______  Time_______