THE STUDY VAULT

Clinical Chaos

Wet-to-Dry Dressing

SKILL SNAPSHOT

Purpose
- Provides nonselective mechanical debridement when specifically ordered by allowing moist gauze to dry and adhere to devitalized tissue.

When to use
- Limited use for wounds requiring ordered mechanical debridement; not routine care for clean granulating wounds.

Supplies needed
- Ordered solution, woven gauze, dry cover dressing, tape/securement, PPE, wound tools, disposal bag, analgesic as ordered.

PREP + PATIENT SETUP

- Verify explicit order, solution, frequency, packing instructions, and whether a less traumatic method is preferred.
- Explain that removal may be painful; premedicate early enough to work.

VAULT TIP

- Confirm the goal each day. Once healthy granulation predominates, repeated wet-to-dry removal can delay healing.

STEP-BY-STEP

1. Hand hygiene; identify patient; provide privacy and position comfortably.
2. Apply PPE. Remove outer dressing and old gauze gently but dry as ordered; count all packing pieces.
3. If gauze is firmly adherent with severe pain or bleeding, stop and clarify rather than causing uncontrolled trauma.
4. Assess drainage, odor, wound bed, edges, periwound skin, undermining/tunneling, and pain.
5. Discard old dressing and gloves; perform hand hygiene. Set up clean or sterile field per order and policy.
6. Apply new gloves. Moisten woven gauze with ordered solution, then wring until damp - not dripping.
7. Open gauze and place a single continuous layer against the wound bed. Fill dead space lightly; do not tightly pack.
8. Keep damp gauze off intact periwound skin to prevent maceration.
9. Leave a visible tail for cavity packing when appropriate; count and record the number of pieces placed.
10. Cover with dry absorbent gauze and secure without excessive pressure.
11. Label dressing with date, time, initials, and packing count if policy requires.
12. Dispose of supplies, remove PPE, perform hand hygiene, and reassess pain.
13. Teach patient not to moisten the dressing before removal unless the order changes; report bleeding, fever, odor, or increasing pain.

SAFETY REMINDERS

- Wet-to-dry removes viable tissue too; use only when ordered and reassess need.
- Do not pack tightly or leave retained gauze.
- Stop for uncontrolled bleeding or exposed vessels/organs.
- Use splash PPE when drainage is likely.

COMMON MISTAKES

- Applying gauze soaking wet.
- Using fine-mesh/nonwoven gauze that will not provide intended debridement.
- Moistening before removal despite a wet-to-dry order.
- Failing to count packing pieces.

DOCUMENTATION

- Wound location, size, bed, edges, periwound.
- Drainage/odor and packing removed/placed.
- Solution and dressing materials.
- Pain medication, tolerance, bleeding.
- Teaching, response, provider notification.