

PROCEDURE FOR: Jet Spray for Wound Care

POLICY: A Licensed Independent Practitioner (LIP) (i.e., Resident or Attending M.D., APRN, or PA) must order Jet Spray therapy prior to the initiation of the therapy. The order must include the type and amount of irrigating solution, and the frequency of using the Jet Spray.

EQUIPMENT: Power spray machine
Suction, set-up with connecting tubing and yankaur tip
Atomizer: which includes bottle, glass stem and stainless steel spray tip
Irrigation solutions as prescribed by physician
Surgical Mask
Eye protection
Protective blue pads as required
Non-sterile gloves
Sterile dressings, tape and other items as indicated to complete dressing change
Large stainless steel basin or kidney basin, irrigation tray to hold disinfecting solution for atomizer parts
Disinfecting solution

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Review physician's orders in patient record to determine the type and amount of irrigating solution, and frequency of treatments.	
2. Medicate patient for pain prior to procedure as needed per physician order.	
3. Explain procedure to patient.	
4. Assemble equipment to be used.	
5. Wash hands thoroughly.	
6. Position patient for comfort and convenience placing blue protective pads under area to be treated.	
7. With non-sterile gloves on, remove dressings and discard.	

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<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
8. Assess wound for signs and symptoms of infection.	8. Wound should be assessed for: a. amount and type of drainage b. bleeding c. necrosis d. signs of infection
9. Pour prescribed solution(s) into clean glass bottle.	
10. Secure spray tip to bottle and attach compressed air line. (See Figure 1.)	
11. Don face mask and eye protection.	
12. Direct spray tip to all areas requiring cleansing. Activate spray by placing thumb over air vent. Control the force of spray by: a. Increasing/decreasing the distance between the spray tip and the wound b. Moving the thumb to cover less/more of the air vent opening c. Regulating the air pressure gauge by turning the knob clockwise to increase the force or counterclockwise to reduce the force	12a. Force of spray is determined by: a. Pain or sensitivity b. Risk of bleeding c. Amount of debris 12b. The spray tip can be adjusted to regulate the direction of solution flow.
13. Remove residual solution from the wound by suctioning with the yankaur catheter or positioning the patient to permit gravity flow.	13. While suctioning, care must be taken to avoid causing pain or injury to sensitive tissues.
14. Redress wound using sterile technique as ordered.	
15. At completion of procedure, soak glass stem with adjustable stainless steel tip, and two glass bottles in a basin filled with freshly prepared disinfectant solution (10 oz./1 gallon) for 10	15. While the compressor can be used with many patients, each set of bottles, tip and stem are to be used by one patient only.

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<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
minutes. Then rinse with tap water and wrap in a clean cloth towel.	
16. If there is more than one patient on the unit requiring power spray treatments, the compression and its stand should be wiped clean using detergent/disinfectant between each patient use.	
17. At termination of treatment, the glass stem with adjustable stainless steel tip and glass bottles are sent to Central Sterile Supply Department for autoclaving. The compressor is wiped clean using detergent/disinfectant solution (i.e., Beaucoup).	
18. Document any change or significant observation in appearance of wound.	18. Physician is to be notified of any pathologic changes or conditions observed in or around the wound.

APPROVAL: Nursing Standards Committee
 Medical-Surgical Standards Committee

EFFECTIVE DATE: 3/86

REVISION DATES: 2/94, 11/03, 6/06

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FIGURE 1: