

PROTOCOL FOR: Split-Thickness Skin Graft (S.T.S.G.): Care of the Patient

DESIRED PATIENT

- OUTCOMES:
1. Patient will exhibit a graft free from infection, swelling, exudate and blood accumulation.
 2. Graft site will exhibit adherence and blood supply.
 3. Donor site will be dry and infection free.

CLINICAL
ASSESSMENT

AND CARE:

1. Circulation:
 - a. Check vital signs every 4° x 24 hours, then every 8° as per MD order.
 - b. Check circulation, sensation and movement in affected area.
 - c. Maintain elevation of affected extremity as ordered, when appropriate.
 - d. Monitor labs as ordered.
 - e. Maintain activity as ordered.
 - f. Maintain alignment and movement of affected extremity, when appropriate.
2. Pulmonary:
 - a. Assess lung sounds every 4° x 24°, then every 8° prn or per unit protocol.
 - b. Encourage patient to turn, cough and deep breath, and use incentive spirometry as ordered.
3. Fluid Volume Status:
 - a. Monitor IV infusion as ordered.
 - b. Monitor I + O every 8° or as ordered.
 - c. Monitor for edema.
4. Wound Care:
 - a. *Graft Site:*
 - 1) First dressing change performed by LIP. Reinforce dressing as needed.
 - 2) Assess and document graft site and swelling, redness, discoloration, exudate or blood between graft and tissue with each dressing change.
 - b. *Donor Site:*
 - 1) Maintain dressing over donor site as ordered (if wound vac dressing changes per MD order).

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- 2) Keep bedding and clothing away from donor site.
(Use bed cradle).
- 3) Observe for S/S of infection at donor site, redness, discoloration, heat, edema, pain, drainage, and odor.

5. Pain Management:

- a. Assess and document patient's report of pain: location, type, duration and severity. Use pain scale: 0-10 (0 = no pain, 10 = severe pain). Initiate appropriate pain protocol Adult and/or Acute.
- b. Medicate for pain as ordered. Assess document patient's response to medication regimen.
- c. Premedicate as ordered prior to physical therapy and dressing changes.
- d. Provide comfort measures as needed: repositioning, relaxation techniques and reassurance.

6. Notify the physician for:

- a. Vital signs (TPR B/P)outside MD parameters.
- b. S/S of infection, edema, dislodged dressings, discoloration and injury to graft or donor sites.
- c. Unmanageable pain.
- d. Change in circulation, sensation and movement of affected area.

- PATIENT TEACHING:
1. Provide patient/significant other with the following information:
 - a. Care of graft and donor sites.
 - b. Review signs and symptoms of wound complication and infection.
 - c. Review activity and position limitations.
 - d. Review prescribed medications, topical ointments and dressing changes.

APPROVAL: Medical-Surgical Standards Review
ICU Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 4/93

REVISION DATES: 1/95, 12/97, 9/03, 2/06