



0400002

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

BACITRACIN-ADAPTIC DRESSINGS INSTRUCTIONS

- Plastic Surgery Clinic
- The UVA Hand Clinic

“Bacitracin-Adaptic” dressings provide a moist environment to promote healing and to help prevent infection.

- Bacitracin is an antibiotic ointment that can be purchased over-the-counter; you may substitute with Neosporin or Triple Antibiotic Ointment unless you are told otherwise.
- Adaptic is the brand name for a non-adherent, wide-weave gauze; other brands can be used.

Change your dressing _____ times(s) per day and as needed if it becomes wet or soiled.

HOW TO CHANGE YOUR DRESSING:

1. Wash your hands with soap and water.
2. Remove the old dressing and throw it away.
3. Clean your wound with water or normal saline and pat dry. **Do not** use hydrogen peroxide since it can damage healthy tissue.
4. Squeeze some Bacitracin ointment onto the Adaptic and spread it evenly over the dressing. Place a single layer of this dressing over the wound; trim the edges so they do not overlap onto the surrounding healed/intact skin.
5. Cover with dry gauze and secure with gauze roll and/or tape.
6. Wash your hands again.

WHAT YOU SHOULD REPORT TO YOUR HEALTH CARE PROFESSIONAL:

- Skin around wound becomes red, swollen, or feels hot
- Pus or foul-smelling drainage
- Increased pain or tenderness
- Fever higher than 101° F and/or chills
- Any other problems of concern to you

TO REACH YOUR HEALTH CARE PROFESSIONAL:

During normal office hours 8:00 AM to 4:30 PM Monday-Friday, call:

- Plastic Surgery Clinic 434-924-5078
- Chronic Wound Care Clinic 434-982-2922
- Nurses' line 434-982-3736

- The UVA Hand Clinic 434-982-HAND (4263)
- Toll Free Hand Clinic 866-882-4263

Toll-free number number for patients 800-251-3627

After office hours, call 434-924-0000 and ask the operator to page the **Hand Surgery Resident on call.**

After office hours, call 434-924-0000 and ask the operator to page the **Plastic Surgery Resident on call.**

ADDITIONAL INSTRUCTIONS: _____

I have been given and understand the above information _____
(PATIENT/RESPONSIBLE ADULT SIGNATURE)

Reviewed by _____ Title/PIC _____ Date _____
(CLINICIAN NAME/SIGNATURE)