

Section 14-5 – Addressing Questions Asked by Staff: Wound Cleaning

There are some new nurses and nursing assistants on our unit. How can I ease any concerns related to wound cleaning?

Some nurses and nursing assistants feel comfortable using chlorhexidine (CHG) cloths on superficial wounds, but some do not. Remind all nursing staff that over 1 million patients have been bathed with CHG in clinical trials with the explicit instructions to clean superficial wounds and stage 1 and 2 decubitus ulcers. Use the buddy system to pair staff who are less comfortable cleaning such sites with those who are more comfortable with these procedures. Wound care nurses who are advocates of CHG bathing can also help.

For what types of wounds is CHG safe?

CHG can be applied to any superficial wound, including stage 1 and 2 decubitus ulcers, friable skin/rashes, and superficial burns. We do not recommend using CHG on packed wounds or wounds that are large or deep. Skin near and surrounding any wound should always be cleaned well.

How firmly should I apply CHG cloths to a wound?

It depends on whether the wound is over a bony prominence or not. If the wound is not over a bony prominence, then CHG should be applied with a firm massage to ensure adequate contact and antibacterial activity. However, if the wound is in the location of a bony prominence, a gentle massaging motion should be used to avoid causing additional soft tissue damage or extension of the wound due to pressure against the bone.

Will CHG be absorbed if I put it on a superficial wound?

There is minimal if any systemic absorption when using CHG on a superficial wound. CHG use is particularly important on open wounds to kill germs and prevent infection.

Should I be concerned about CHG having a stinging effect on wounds?

Antiseptic over-the-counter products often contain alcohol and will sting when applied to wounds. In contrast, CHG cloths do not contain alcohol and will not sting. In fact, CHG cloths contain moisturizers that have a soothing effect on superficial wounds.

Can I use CHG cloths over a closed surgical incision?

Yes. CHG is beneficial and should be applied over a closed surgical incision to kill bacteria and reduce risk of infection.

What if my surgical patient has a wound vacuum-assisted closure (VAC), dressing, or closed wound?

CHG should be applied over any semipermeable or occlusive dressing. This includes wound dressings that meet those criteria, as well as wound VACs. Apply CHG over the dressing and clean the portion of any device that is within 6 inches of the body, including wound VACs and surgical drains. CHG also can be applied over sutured or stapled wounds. If the dressing is permeable (e.g., gauze), then use CHG up to the edge of the dressing but not on its surface.

I am having trouble applying bandages after bathing my patients with CHG. Does CHG weaken bandage adhesive?

If you are having trouble reapplying a bandage after bathing a patient with CHG, it's usually because not enough time has elapsed for drying. After bathing a patient, allow the CHG to dry for about 5 minutes, which should be enough time for the CHG to absorb and not affect the bandage adhesive. If you cannot wait the full 5 minutes and if the patient's skin still feels tacky, fan the area of the skin until fully dry. Otherwise, the bandage will not stick properly. Do not wipe off the CHG as this will reduce its infection prevention abilities.

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